



Crazy Dog Man Pet Services

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Licensed, Insured, Bonded. Serving Snohomish County

Pet Profile

Pet Name _____ Species _____ Breed _____

Weight _____ Age _____ Color/Markings _____

Sex: Unaltered Male Altered Male Unaltered Female Altered Female

Describe your pets feeding routine and portion size: _____

Drinking water source: Tap Filtered (RO) Bottled

List any medications or supplements that your pet takes: _____

How does your pet behave at the vet? _____

When was their last vet visit? _____

Does your pet have any ongoing medical conditions? No Yes, please list _____

Preferred Veterinarian:
Clinic/Hospital _____ Doctor _____
Address _____ Phone _____

Does your pet have a microchip? No Yes, # _____

Is your pet vaccinated against rabies? No Yes
List any additional vaccinations they have received: _____

Where would you like your pet to be kept while it is home alone? (crate, loose in home, etc.)

Is your pet allowed on the furniture? No Yes

Where does your pet relieve itself when left home alone? Pee pad Litter box

Pet door allowing outdoor access Outdoors (left in yard) Other _____

Describe your pet's general disposition: _____

Is your pet reactive or aggressive towards other animals (barking/growling when encountering them outside its territory, attacking in an aggressive manner, etc.)?
 No Yes, explain _____

Rate your pet's prey drive (desire to chase and/or attack small game or animals):
 Low Medium High
List any specific animals your pet tries to chase: _____

Is your pet friendly with human strangers? No Yes

Has your pet ever bitten another animal or human?
 No Yes, explain the incident _____

Is your pet afraid of (check all that apply)? Thunder Fireworks Male Strangers

Has your pet received any training? (dogs): No Yes, see below
To what level? Basic Obedience Sport (agility, hunting, etc.) Guard/Attack dog
What type of training method do you employ?
 Positive reinforcement only (force free)
 Balanced (mix of positive reinforcement as well as forceful corrections)
 Aversive (forceful corrections only)
List any training concerns or problem areas (leash pulling, lunging, etc.): _____

Does your pet have any sensitive areas where they do not like to be touched?
 No Yes, list _____

Rate your pet's energy level: Low Medium High

How often do you exercise your pet? _____

List your pet's favorite toys or styles of play: _____

Describe any undesirable behaviors your pet displays inside the home (getting into trash, counter surfing, chewing/clawing furniture, etc.): _____

List any further concerns or information about your pet: _____