



Pet History Questionnaire

Pet Owner: _____ Date: _____

Address: _____

City: _____ Zip: _____

Home Phone: _____ Office: _____

Cellular: _____ E-mail: _____

Pet Name: _____ Breed: _____

Color: _____ Age/DOB: _____ Sex: M / F

Is your pet spayed or neutered? Yes / No

If yes, at what age? _____

How old was your pet when you first acquired it?

Has this pet had another owner(s)? _____

Where did you obtain this pet from?

Why did you get this pet? _____

Is your pet left alone during the day? Yes / No

If yes, for how long? _____

Where is your pet kept: (crate, loose in house,
yard, gated room, tie-out, etc.)

During the day? _____

During the night? _____



How many elimination walks does your pet take each day? _____

Does your pet have any allergies? Yes / No

If yes, please list: _____

List any major surgical or medical conditions & approximate dates: _____

Is your pet taking any medications? Yes / No

If yes, please list: _____

Is your pet taking heartworm preventative?

Yes / No Brand: _____

What method of flea & tick control do you use on your pet? _____

How often? _____

Are there any other pets in you household?

Yes / No

Please list: species, breed, sex, age: _____

How does your dog get along with these animals?



How often is your pet fed meals each day? _____

What brand of food do you feed?:

How long is the food bowl left down with food in it? _____

How often is your pet fed treats (dog biscuits, chewies, etc.) each day? _____

What is your pet's favorite treat? _____

How would you describe your pet's weight?

Underweight * Thin * Ideal Heavy * Overweight * Obese

What is your pet's favorite toy? _____

Is your dog possessive of any toys, food, objects, or people? Yes / No

If yes, please describe: _____

If your dog has something in its mouth that you did not want them to have, would they drop the object if asked? Yes / No

Would they let you take it from them? Yes / No

Has your dog played with other dogs off-leash?

Yes / No

How often? _____

Is your dog afraid of any breeds or types of dog? _____

Are you afraid of any breeds or types of dogs?



Describe how your dog reacts to strangers at home? _____

Describe how your dog reacts to strangers approaching in public? _____

Has your dog ever bitten another dog? Yes / No

If yes, under what circumstances? _____

Has your dog ever bitten a person? Yes / No

If yes, under what circumstances? _____

Has your dog ever been attacked or injured by another dog? Yes / No

Is your dog sensitive about being touched on certain areas of its body? (i.e., tail, ears, paws, chest, neck, etc.) Yes / No

Can your dog climb or jump fences? If yes, describe type of fence and how tall: _____



When your dog does something wrong in the home, how would you respond? _____

What is your dog's training history? _____

What type of training collar is your dog used to? _____

What obedience, tricks, or commands does your dog know? _____

Is there any other information about your dog that you feel we should be aware of or want us to know? _____

Are these issues Very Serious, Serious, Not Serious? _____

How did you learn about our services? _____

Reason for choosing Stay & Play Pet Resort for your dog? _____



Our Doggie Day Care and Cageless Boarding is a proactive, positive environment for dogs to spend the day running, playing & socializing with our staff and other pet dogs.

Our suites are indoors & climate controlled for your pet's cleanliness and comfort.

Clean, Safe, Supervised Fun!
Friends, Balls, Toys, Walks and More!

Pet Owner's Signature

Date

*NOTE: PLEASE HAVE YOUR PET'S CURRENT
VACCINATION RECORDS FAXED TO OUR OFFICE AT
941.776.8589*

*ALL PETS ENTERING OUR FACILITY MUST BE CURRENT
FOR RABIES AND BORDETELLA - NO EXCEPTIONS*

*FOR OLDER DOGS WE WILL ACCEPT BLOOD TITERS,
PLEASE CALL FOR SPECIFIC DETAILS.*

*Stay and Play Pet Resort
3155 North Rye Road ~ Parrish, Florida 34219
941.776.8599 and Fax 941.776.8589
Cellular 941.920.1697*