

Peninsula Pet Resort Group Social Application

Dog Information:

Name: _____ Sex: Male or Female
Age: _____ Breed: _____ Color _____

Medical History:

Any lumps/bumps? If so where? _____
Any scars? If so where? _____
Any Allergies? _____
Medications? _____
Any Restrictions? _____

Dogs History:

How long have you had your dog? _____

Where did you get your dog? _____

If rescued what was past history? _____

What other types of pets do you have? _____

How does your dog interact with the other pets and or children in your home? _____

Are there any types of dogs that your dog fears? _____

Are there any types of people that your dog fears? _____

Has your dog ever growled, snapped, bitten a person, another dog?
Explain _____

Does your dog growl or become aggressive in any situation?

Explain _____

Has your dog ever been;

In Daycare? _____

Where, When: _____

In Obedience Training? _____

Where, When: _____

In an off leash park? _____

Describe any behaviors we should be aware
of: _____

Any issues we need to know about your dog?

Aggressive: _____ Runs Away: _____

Excessive Barking: _____ Eats Stool: _____

Chews: _____ Shy: _____

Possessive: _____ Jumper: _____

Noises: _____ Separation Anxiety: _____

Is there anything else we need to
know? _____

Has your dog ever been on agility equipment? _____

Does your dog know any tricks? _____

Owners Name: _____

Contact Number: _____

Application Date: _____