<u>Profile</u>

Space for a picture

Name:

Mobile Number:				
Name of second dog:				
Name of third	dog:			
Emergency co	ntact			
Name:				
Landline numb	ber:			
Mobile numbe	er:			
Information at	Information about the dog			
Name:				
Breed:				
Date of birth:				
Gender:	o male	o female		
Castrated:	o yes	o no		
Chip number:				
Special features:			Colour:	

Information about the owner (please complete using capital letters)

Vaccinations

	o no valid vaccinations		
Five-way Vaccine:	o yes	o no	
Rabies:	o yes	o no	

> Please attach a copy of the vaccination document

<u>Illnesses</u>

Acute illnesses:

Chronic illnesses:

Particular surgery:

Medication and dosages

Name	mornings	evenings
Name	mornings	evenings
Name	mornings	evenings

<u>Veterinarian</u>	
Name:	
Address:	
Phone number:	

<u>Origin</u>

Age when adopoted:

- o Breeder
- o Animal Rescue
- o Animal Shelter
- o Private

Particular history (mistreatment etc.):

Food

- o Dry food
- o Dry food (Wheat free)
- o Wet food
- o Dry and wet food Mixing proportion:
- o BARF Allergies or Intolerance:
- o Supplements Amount per day and/ or meal:
- o Own food (please label with name and amount)

o Allergy:

Feeding time and amount

0	Morning	Amount:
0	Noon	Amount:
0	Evening	Amount:

Does your dog eat well?	o Yes	o No
Do you leave the food there all day?	o Yes	o No
Does your dog guzzle his food?	o Yes	o No
Does your dog only feed at night?	o Yes	o No
Does your dog protect his food?	o Yes	o No

<u>Care</u>

Special requests:

Social interaction	in	common	surroundings?
Social Interaction		common	Jun ounanigs.

o Yes o No

How often:

How long:

Behaviour in social interaction/

General behaviour amongst other dogs:

Is your dog used to running and playing amongst other dogs: o Yes				o No	
How d	oes your dog behave amongst o	other dogs?			
0	Overt and friendly				
0	Nervous, anxious, shy, devote				
0	Cheeky				
 Well behaved, loves to play, run and tussle in groups 					
0	Aggressive towards	> male dogs			
		> female dogs			
Supervision during the stay:		O Run and Play in groups			
		O Single accommodation			
		(Your dog has no contact to other do	ogs)		

Additional services with costs:

- Clipping claws
- Bath
- Training
- Others:

o always o once

Important notice:

By signing this profile, the dog owner / contract taker confirms that all the given information is correct and that he / she has received and understood the terms and conditions of contract!

The attached terms and conditions are for your safe keeping.

Please attach a copy of your dogs liability insurance and a copy of the vaccination documents with the profile.

Place and date

Owners' signature