



930 E Riggs Road, Chandler, AZ 85249  
 (480) 895-4683  
 HSresort@HeartStringsPetResort.com

### PET PROFILE

*We want your dog to have a terrific, memorable time! Please help us get to know them by sharing their personality traits, eating habits, and medical information so that we may give them the best care possible.  
 Thank you for entrusting us with your furry family member.*

#### Owner Information

Owner Name	Phone	Email	
Address	City	State	Zip Code

#### Pet Profile

Pet's Name	Breed	M / F	Weight
Color	Spayed/Neutered Y / N	Birthdate or Approximate Age	Years Owned
Veterinarian Name		Veterinarian Phone Number	

#### Handling / Interactions with Humans

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> Comfortable with all | <input type="checkbox"/> Not ok with baths | <input type="checkbox"/> Not ok to be picked up |
| <input type="checkbox"/> Scared of Men        | <input type="checkbox"/> Shy / Timid       | <input type="checkbox"/> Guards food/toys/etc.  |
| <input type="checkbox"/> Scared of Women      | <input type="checkbox"/> Will nip or snap  |   |

Has your pet ever bitten someone? If yes, please explain. \_\_\_\_\_

#### Experience with Animals

Has your pet been around other dogs? (not including dogs they live with) Y / N	Is your pet comfortable with other dogs? Y / N ^
Has your pet ever been to a dog park, daycare, training class? Y / N	If not, please explain why. _____ (Aggression, Fear, Past trauma)
Has your pet ever been involved in an altercation with another animal? Y / N ^	What is your pets primary play style? <input type="checkbox"/> Does not like other dogs <input type="checkbox"/> Gentle <input type="checkbox"/> Vocal / Loud <input type="checkbox"/> Rough <input type="checkbox"/> Tolerates others / doesn't really play
If yes, please explain. _____	

### Food Routine

Food Brand (can or kibble?) \_\_\_\_\_ Amount AM \_\_\_\_\_ Amount PM \_\_\_\_\_ Any extra additions to food? \_\_\_\_\_ Amount AM \_\_\_\_\_ Amount PM \_\_\_\_\_

Any food sensitivities or allergies? \_\_\_\_\_ If there are multiple pets in the family, can they eat together? \_\_\_\_\_ Y / N

Can they have treats? Y / N \_\_\_\_\_ Do they need a slow feeder? \_\_\_\_\_ Y / N

### Medical Conditions

Please list your pet's physical limitations. (arthritis, blind, deaf, sore muscles)

Has your pet had any surgeries in the past 12 months? If yes, what for?

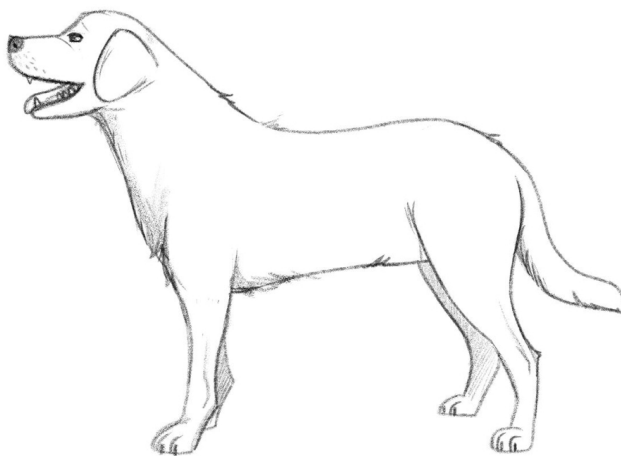
Has your pet been diagnosed with any chronic (long or life-time) medical condition? (Thyroid disease, diabetes, allergies, etc)

Has your pet ever experienced seizures? If so, how often and when was the last one?

Is your pet on any medication or supplements? Please list any medication or supplements and when they are given.

### Body Condition

Please circle the area(s) of the body and write any health concerns we need to know about  
( Arthritis, previous injury, current injury, hot spots, lameness or previous surgery [not including spay/neuter unless recent] )



If they are as healthy as can be, check here!

### Vaccinations

I certify that my pet is up to date on all required vaccinations prior to arrival to HeartStrings Pet Resort.  
**We require records from your veterinarian, please have those either emailed to us or in hand at drop off.**

Signature \_\_\_\_\_

Date \_\_\_\_\_

Signature

The information provided throughout this form is true and correct to the best of my knowledge.

Signature \_\_\_\_\_

Printed Name \_\_\_\_\_

Date \_\_\_\_\_