

Pet Information
9675 Loyalist Parkway, Bath, ON
613-373-1116



Owner Information

Name: _____

Address: _____

City: _____

Postal Code: _____

Home Phone: _____

Work Phone: _____

Cell Phone: _____

The following people can pick-up my pet from The Oasis Pet Hotel Inc.

How did you hear about The Oasis Pet Hotel Inc.?

Referral Yellow Pages Web Search Vet Other _____

Pet Information

Name: _____

Breed: _____

Colour: _____

Sex: Male Female

Birth Date: ____ (m) ____ (d) ____ (y)

Is your dog spay or neutered? Yes No

Weight: _____

Veterinarian

Name of Animal Hospital: _____

Vet's Name: _____

Phone Number: _____

Emergency Contact

Name: _____

Relationship: _____

Phone Number: _____

Cell Number: _____

Vet's Name: _____

Phone Number: _____

Owner & Pet Profile

How old was your pet when you got him/her? _____

Where did you get him/her? (pet store, breeder, etc.) _____

Do you have any past history on your pet, if purchased after 6 months? _____

How long is your dog left on weekdays? _____

Where does she/he stay during that time? _____

Is your dog crate trained? Yes No

House trained? Yes No

Dog Personality Profile

Are there behavioral issues or destructive habits when left alone? Yes No

If yes, please explain: _____

Does your dog bark a lot? Yes No

Does your dog get frightened by unfamiliar noises? Yes No

Does your dog have a fear of thunderstorms? Yes No

Has your dog ever jumped or climbed a fence? Yes No

If so, how high? _____

Has your dog ever bitten a person? Yes No

If yes, please describe: _____

Can you take food away from your dog without growling? Yes No

Has your dog ever socialized with other dogs? Yes No

Is there any other type of person that your dog routinely dislikes? (children, men etc.)

Is there any type of dog your pet seems to have a problem with? Yes No

Dog Health Profile

Does your have any injuries (old or new) that we need to be concerned about while in our care? Yes No

If yes, please explain: _____

Are there any restrictions that should be placed on your dog's activities? Yes No

If yes, please explain: _____

Please list any medication that your dog takes: _____

Please list any allergies that your dog has: _____

What brand of dog food do you use? _____

Are there any areas your dog does not like to be touched? Yes No

If yes, where? _____

Dog Etiquette

How does your dog react to strangers coming into your home or yard? _____

Does your dog jump on you or other people? Yes No

Will your dog share toys with other dogs? Yes No

Does your dog wrestle with other dogs? Yes No

If yes, does your dog take the top or bottom position? Top Bottom

Please share any information that you would like to know about your dog while in our care: _____
