## **BOARDING PERSONALITY PROFILE for Bear Creek Animal Clinic**

Client:					_ Patient:				
Addres	s:				_ DOB:				
					_ Species/Breed:				
Phone:					_ Sex:				
Help us	give yo	our pet the best po	ssible stay by	/ telling ι	ıs a little bit about	them.			
YES	NO	Has your pet ever been boarded before? If yes, how did it go?							
<b>YES</b> apply	NO	O Has your pet ever acted aggressive towards the following. If yes, please circle all that and explain:							
		•	PEOPLE	ANIMA	LS FOOD	ANYTHING E	LSE		
YES	NO	Has your pet ever chewed/shredded blankets, bed, toys?							
YES	NO	Is your pet affected by thunderstorms/fireworks? If yes, describe the behavior and what calms their fear.							
YES	NO	Does your pet have physical limitations or medical problems? If yes, please explain:							
DOGS:	Does y	our dog know bas	ic commands	s (sit, sta	y, down) YES	NO			
	Is your dog housetrained?			NO	Is your dog crat	te trained?	YES	NO	
	Is your	dog a jumper?	YES	NO	Is your dog a ba	arker?	YES	NO	
CATS:	Is your cat litterbox trained?		ed? YES	NO	Does your cat like to be held?		YES	NO	
	Does your cat like to be pet?		pet? YES	NO	Is your cat a climber?		YES	NO	
ls there	anythir	ng else you would	like to tell us	about yo	ur pet to help ther	n have a better	stay?		