



Woofington
3596 Shoreline Drive
Wayzata, MN 55391
952-471-1070
www.woofington.com

Woofington Guest Profile

The Woofington Staff is committed to providing the absolute best experience possible for you and your pet! Please complete the following guest profile (for each pet) so we may learn as much as we can about our petite guest and prepare for their visit at the Woofington!

OWNER INFORMATION:

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Primary Phone Number: _____ Cell Home Work

Additional Phone Number: _____ Cell Home Work

Email: _____

How did you hear about us?

- Customer Referral Drive By Facebook: Advertisement Facebook: Friend
 Google Newspaper Pet/Trade Show Phone Book Postcard Mailing Radio
 Radio: MyTalk 107.1 Television: Twin Cities Live Trainer Twitter Veterinarian
 Walk-In Website Word of Mouth Yahoo Yellow pages
 Other (please explain): _____

EMERGENCY CONTACT (Individual we would contact in case we couldn't reach you):

Name: _____

Phone(s): _____

VETERINARIAN:

Clinic Name: _____ Phone #: _____

Address: _____



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PET GUEST INFORMATION:

Name: _____ Breed: _____ Weight: _____

Male Female

Neutered Spayed Unaltered

Color: _____ Age: _____ Birthdate: _____

My pet is from a: Breeder Store Rescue Stray Other: _____

How long have you owned your pet? _____

Please list those whom are authorized to pick up or drop off your pet (excluding yourself):

Name: _____ Relationship: _____

Name: _____ Relationship: _____

PET GUEST FEEDING SCHEDULE:

AM Food Type: _____ Amount Fed: _____

Lunch Food Type: _____ Amount Fed: _____

PM Food Type: _____ Amount Fed: _____

My dog grazes/free feeds throughout the day

I will provide meals The Woofington will provide meals (for an additional daily fee)

Allowed treats with us? Yes No

If yes, treats such as pieces of sensitive stomach formula kibble and plain Cheerios may occasionally be given as rewards and in puzzle toys during daycare.

PET MEDICAL INFORMATION:

Does your pet have allergies? Yes No

If yes, please explain? _____



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Is your pet currently taking any medications?: Yes No

(Note: All medications must be brought in the prescription bottle or original packaging)

If yes, daily medication schedule:

AM Medication Given: _____ Instructions: _____

Mid-Day Medication Given: _____ Instructions: _____

PM Medication Given: _____ Instructions: _____

Does your pet have any physical disabilities? Yes No

If yes, please explain? _____

If yes, what restrictions need to be placed on your pet's activities or movements?

Does your pet have any old or current injuries or health concerns? Yes No

If yes, please explain? _____

If yes, what restrictions need to be placed on your pet's activities or movements?

PET BEHAVIOR:

Have you ever previously boarded your pet? Yes No

If yes, please describe the experience:

Has your pet ever bitten a person or another dog? Yes No

If yes, please explain:



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Has your pet ever climbed/jumped a fence? Yes No

If yes, please explain:

Has your pet had obedience training? No In-home Group Class Private Training

Is your pet house trained? Yes No

Is your pet crate trained? Yes No

Has your pet ever attended group play/doggie daycare? Yes No

Choose your pet's normal activity level: Low Medium High

Where does your pet sleep at night? Crate Owner's Bed Other: _____

Is your pet allowed on the furniture at home? Yes No

Does your pet know any tricks? Yes No

If yes, which ones? _____

Does your pet have a command to go to the bathroom? Yes No

If yes, what is the command? _____

Does your pet engage in any unusual repetitive behaviors, such as circling/spinning, pacing, tail chasing, excessive licking or vocalizing? Yes No

If yes, please explain:

Does your pet have any destructive behaviors? Yes No

If yes, please explain:

Check all that describe your pet's personality:

Afraid of Men Afraid of Storms Affectionate Barker Biter Chewer

Coprophagia (poop eater) Friendly Happy Jumper Marker Mouthy

Mounter Outgoing Playful Protective Pushy Shy/Timid Snuggler

Other: _____



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Check all that describe situations that may cause your pet to have a negative reaction:

- Baths Being Around Strange Dogs Belly Rubs Getting Picked Up
 Grabbing Collar Loud Noises Petting Touching Ears Touching Paws
 Touching Tail Touching Under Arms Touching While Sleeping
 Other: _____

Check all answers that apply if your pet has any unfriendly behaviors:

- Aggressive Backs Away Bares Teeth Bites Food Aggressive
 Freezes Growls People Aggressive Separation Anxiety
 Snaps Submissive Grin Toy Possessive Trembles
 Other: _____

If your pet has any fears, what soothes him/her? _____

Is your pet Microchipped? Yes No If yes, Microchip # _____

Check the description that best matches your pet's level of socialization with other dogs:

- None – Rare, if any, other dog interaction
 Minimal – On-leash encounters only
 Moderate – Some off-leash playtime with other dogs (familiar and non-familiar dogs)
 Extensive – Regular visits to dog social events such as dog play parks and daycare

How does your pet react to another dog approaching him/her in a park or on a walk?

Are there any particular breeds/types of dog your pet seems to fear or dislike? Yes No

If yes, please explain: _____



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FAVORITES!

Where is your pet's favorite spot on his/her body to be petted? _____

What are his/her favorite treats? _____

What are your pet's favorite play activities?

Playing fetch Tennis Ball Racquet Ball Frisbee Walks

Socializing with people Snuggling Playing with other dogs

Other: _____

I certify that the above information is true and accurate to the best of my knowledge. I also understand that if any of the above information requires updating, I will provide an updated Guest Profile or inform the Woofington staff.

Owner's Signature

Date

Owner's Printed Name