

**Peninsula Pet Resort Group Social Application**

**Dog Information:**

Name: \_\_\_\_\_ Sex: Male or Female  
Age: \_\_\_\_\_ Breed: \_\_\_\_\_ Color \_\_\_\_\_

**Medical History:**

Any lumps/bumps? If so where? \_\_\_\_\_

Any scars? If so where? \_\_\_\_\_

Any Allergies? \_\_\_\_\_

Medications? \_\_\_\_\_

Any Restrictions? \_\_\_\_\_

**Dogs History:**

How long have you had your dog? \_\_\_\_\_

Where did you get your dog? \_\_\_\_\_

If rescued what was past history? \_\_\_\_\_

What other types of pets do you have? \_\_\_\_\_

How does your dog interact with the other pets and or children in your home? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Are there any types of dogs that your dog fears? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Are there any types of people that your dog fears? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Has your dog ever growled, snapped, bitten a person, another dog? Explain \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Does your dog growl or become aggressive in any situation?

Explain \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Has your dog ever been;

In Daycare? \_\_\_\_\_

Where, When: \_\_\_\_\_

In Obedience Training? \_\_\_\_\_

Where, When: \_\_\_\_\_

In an off leash park? \_\_\_\_\_

Describe any behaviors we should be aware  
of: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Any issues we need to know about your dog?

Aggressive: \_\_\_\_\_ Runs Away: \_\_\_\_\_

Excessive Barking: \_\_\_\_\_ Eats Stool: \_\_\_\_\_

Chews: \_\_\_\_\_ Shy: \_\_\_\_\_

Possessive: \_\_\_\_\_ Jumper: \_\_\_\_\_

Noises: \_\_\_\_\_ Separation Anxiety: \_\_\_\_\_

Is there anything else we need to  
know? \_\_\_\_\_

\_\_\_\_\_

Has your dog ever been on agility equipment? \_\_\_\_\_

Does your dog know any tricks? \_\_\_\_\_

Owners Name: \_\_\_\_\_

Contact Number: \_\_\_\_\_

Application Date: \_\_\_\_\_