



# Pet Profile

Doggie-Smyle LLC  
3417 E. Montecito  
Phoenix, AZ 85018  
602.526.0606  
www.doggiesmyle.com

Client Name: \_\_\_\_\_ Pet Name: \_\_\_\_\_

Dog Cat Other: \_\_\_\_\_ Description: \_\_\_\_\_ Color: \_\_\_\_\_ Weight: \_\_\_\_\_

M F Spayed Neutered Birthdate: \_\_\_\_\_ Color of Collar: \_\_\_\_\_

Does your pet have contact information inscribed on tag/collar, etc.? Y N Describe ID: \_\_\_\_\_

Indoor Only Outdoor Only Both Explain: \_\_\_\_\_

To the best of your knowledge, has this pet ever bitten a person or an animal? Y N If yes, please explain:  
\_\_\_\_\_  
\_\_\_\_\_

How would you describe your pet when a new person enters the home (circle all that apply)? *aloof curious friendly excited nervous protective fearful playful aggressive shy unpredictable trusting* \_\_\_\_\_

Pet Restrictions: \_\_\_\_\_

Favorite Hiding Places: \_\_\_\_\_

Favorite Activities: \_\_\_\_\_ Treats: \_\_\_\_\_

**Feeding Instructions:** \_\_\_\_\_  
\_\_\_\_\_

Location of food: \_\_\_\_\_ Locations of leash/crate: \_\_\_\_\_

Location of litter box (if applicable): \_\_\_\_\_ Where to discard contents: \_\_\_\_\_

Location of paper scoops/trash: \_\_\_\_\_

Physical conditions, allergies, or problems to be alert for: \_\_\_\_\_

Commands: \_\_\_\_\_





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Primary Veterinary Clinic : \_\_\_\_\_ Phone Number: \_\_\_\_\_

Address of the clinic: \_\_\_\_\_

**Medications (name, amount, frequency):** \_\_\_\_\_

Tricks to medicate? \_\_\_\_\_

**Initial:** \_\_\_\_\_ Doggie-Smyle LLC will use all reasonable efforts to prevent harm to your pet and to protect others from harm caused by your pet. You are responsible in case your pet is involved in an altercation with another pet or human other than for gross negligence of Doggie-Smyle LLC. Some of these matters may be covered by your homeowner's or renter's insurance, however, regardless of whether you have such insurance, and you are responsible for any damages caused by your pet.

**Yes:** \_\_\_\_\_ **No:** \_\_\_\_\_ **Call First:** \_\_\_\_\_ We give you permission to authorize emergency work on our property, if necessary, to prevent damage and we will be responsible for such payment of work.

I certify that all of the above is true and correct to the best of my knowledge, and that I will notify Doggie-Smyle LLC of any charges to the above prior to the commencement of any service period.

\_\_\_\_\_  
Client Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name



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## Daily Routine -

A large empty rectangular box for writing the pet's daily routine.

## Additional Information -

A large empty rectangular box for providing additional information about the pet.

