

**K9 Cabin Dog Day Care**  
**619 Leighton Rd. Augusta, ME 04330**  
**Phone: (207) 341-7427**

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**PET PROFILE**

**About You:**

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

Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_

Spouse/Partner Name: \_\_\_\_\_

Home Phone #: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_ Work Phone #: \_\_\_\_\_

**Emergency Contact Information- Other than yourself and your spouse/partner:**

Primary Emergency Contact: \_\_\_\_\_

Home Phone #: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_ Work Phone #: \_\_\_\_\_

Secondary Emergency Contact : \_\_\_\_\_

Home Phone #: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_ Work Phone #: \_\_\_\_\_

**About Your Dog:**

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

Breed: \_\_\_\_\_ Sex: \_\_\_\_\_

Neutered/Spayed: \_\_\_\_\_ Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Vet: \_\_\_\_\_

Vet Phone: \_\_\_\_\_ Vet Fax: \_\_\_\_\_

Vet Address: \_\_\_\_\_ Vet Email: \_\_\_\_\_

Dog License Number & State: \_\_\_\_\_ Microchip Number: \_\_\_\_\_

Is your dog free of fleas? \_\_\_\_\_ What do you use for flea/tick prevention: \_\_\_\_\_

Is your dog currently taking any medication? \_\_\_\_\_

Name(s) of Med(s): \_\_\_\_\_

For What Condition: \_\_\_\_\_

Do we need to dispense any meds during the day? \_\_\_\_\_

Describe any physical conditions that your dog has such as deafness, blindness, epilepsy, arthritis, hip or joint problems:

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How old was your dog when you got it? \_\_\_\_\_ How long have you had your dog?: \_\_\_\_\_

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

Is this your first dog? \_\_\_\_\_ Does your dog live with children? \_\_\_\_\_

If yes, what ages? \_\_\_\_\_ Does your dog get along with Children? \_\_\_\_\_

If No explain: \_\_\_\_\_

What type of dog food do you feed your dog? \_\_\_\_\_

How much do you feed your dog at each meal? \_\_\_\_\_ How many times per day? \_\_\_\_\_

Will K9 Cabin need to feed your dog during day care? \_\_\_\_\_

List your dog's fears such as loud noises, people, thunder, strange dogs, etc.:

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Is your dog:

Friendly to people: \_\_\_\_\_ Friendly to dogs: \_\_\_\_\_ Toy aggressive: \_\_\_\_\_ Food aggressive: \_\_\_\_\_

Shy: \_\_\_\_\_ Crate trained: \_\_\_\_\_ House trained: \_\_\_\_\_ Leash/collar trained: \_\_\_\_\_

Does your dog:

Chew \_\_\_\_\_ Puppy Bite \_\_\_\_\_ Jump up on people \_\_\_\_\_ Dig \_\_\_\_\_ Escape \_\_\_\_\_

Bark Excessively \_\_\_\_\_ Jump fences \_\_\_\_\_ Eat all the wrong things (toys, rocks, etc.) \_\_\_\_\_

What other kinds of pets are in your household? \_\_\_\_\_

Does your dog get along with them? \_\_\_\_\_

Please tell us anything else we should know about your dog:

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How did you hear about K9 Cabin Dog Day Care?

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I understand that in the case of an emergency involving my dog/s, the staff of K9 Cabin Dog Day Care will bring my dog/s to a veterinarian. The staff will attempt to use the dog/s own vet if time and distance allows. Otherwise, the staff at K9 Cabin Dog Day Care will primarily use, **PINE TREE VET,** Lewiston Emergency Clinic or any other local veterinary clinic. I understand that all veterinary fees and charges are my responsibility and not the responsibility of K9 Cabin Dog Day Care.

If my dog/s is/are brought to day care with fleas or ticks, the staff at K9 Cabin Dog Day Care will treat my dog with a flea bath at my expense.

I understand that if I do not pick up my dog before 6:00 pm, I will be charged an \$11.00 fee per dog per half hour. I understand that if I do not call to cancel regularly scheduled day care appointments 24 hours before 6:30 am on the scheduled day, I will be charged for that day.

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Signature

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Date

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Signature

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Date