



## PERSONALITY PROFILE

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

Dog's Name: \_\_\_\_\_

Guardian's Name: \_\_\_\_\_

Dog's Breed: \_\_\_\_\_

Dog's Sex: \_\_\_\_\_

Spayed/Neutered: \_\_\_\_\_

Dog's age: \_\_\_\_\_

When did you adopt your dog: \_\_\_\_\_

From whom: \_\_\_\_\_

What do you know about your dog's past, prior to your adoption: \_\_\_\_\_

\_\_\_\_\_

Does your dog get along with other dogs: \_\_\_\_\_

Explain your dog's social interaction with other dogs: \_\_\_\_\_

\_\_\_\_\_

Are there other animals in your home? If so, please identify, type, sex, and age of each: \_\_\_\_\_

\_\_\_\_\_

Does your dog have any condition, medical or otherwise, that restricts or otherwise impacts his or her activity, ability, mobility, or behavior? If so, please explain: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Does your dog act afraid of any specific items or noises? If so, please explain: \_\_\_\_\_

\_\_\_\_\_

How does your dog react to strangers coming into your home or yard? \_\_\_\_\_

\_\_\_\_\_

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

\_\_\_\_\_

Are there any kinds, types, or breeds of dog that your dog fears or dislikes? \_\_\_\_\_

\_\_\_\_\_

Has your dog ever growled at someone? If so, explain the circumstances: \_\_\_\_\_

\_\_\_\_\_

Has your dog ever growled at another dog? If so, explain the circumstances: \_\_\_\_\_

\_\_\_\_\_

Has your dog ever bitten a person? If so, explain the circumstances: \_\_\_\_\_

\_\_\_\_\_

Has your dog ever bitten another dog? If so, explain the circumstances: \_\_\_\_\_

\_\_\_\_\_

Does your dog have problems and/or difficulty with any of the following, and if so explain:

Mouthiness: \_\_\_\_\_

Barking: \_\_\_\_\_

Jumping: \_\_\_\_\_

Housetraining: \_\_\_\_\_

Digging: \_\_\_\_\_

Fence jumping and/or barrier challenging: \_\_\_\_\_

Other: \_\_\_\_\_

Does your dog share food or toys with other dogs: \_\_\_\_\_

Does your dog play with other dogs: \_\_\_\_\_

Does your dog play with toys? And if so, what kind of toys does your dog like? \_\_\_\_\_

\_\_\_\_\_

Has your dog had any formal obedience training? If yes, what type of training and when? \_\_\_\_\_

\_\_\_\_\_

What commands does your dog know or understand? \_\_\_\_\_

\_\_\_\_\_

Other information or comments about your dog which you think helpful: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



### **Veterinary Release Agreement**

In the event that any of my dogs appears to be ill, injured, or at significant risk of experiencing a medical problem at the start of service or while in the care of 3 Dog Farm, LC ("3DF"), I give permission to 3DF to seek veterinary service from a veterinarian or a veterinary clinic. My preferred veterinary services are listed on each individual dog's Emergency Contact Information Disclosure. Other veterinarians or emergency care clinics chosen by 3DF are acceptable.

I authorize 3DF to inform the attending clinic or veterinarian of my requested total diagnosis and treatment limit of \$\_\_\_\_\_ per dog or authorization for an unlimited dollar amount for all necessary treatment. I understand that efforts will be made to contact me regarding any treatments, illness, injury, or potential problems as soon as the condition is deemed not life threatening and/or contact is possible. I understand that 3DF and its care providers take all reasonable precautions to prevent accidents and injuries, and that such problems may occur no matter how well a dog is cared for.

I agree to allow 3DF and its care providers to use its best judgment in handling these situations, and I understand that 3DF and its care providers assume no responsibility for the actions and decisions of the veterinary staff, the health, or death of my dogs.

I will assume full responsibility for the payment and/or reimbursement for any and all veterinary services rendered, including but not limited to diagnosis, treatment, grooming, medical supplies, and boarding. Such payments will be made within fourteen (14) days of the initial incident. I also agree to be responsible for all Special Service fees assessed by 3DF for emergency transportation, care, supervision, or hiring of emergency caregivers, and will pay such fees within fourteen (14) days of each incident.

I further authorize 3DF and my primary veterinarian(s) to share all of the medical records of all of my animals with veterinary clinics in an emergency in the interest of providing the best care for my ill or injured animal(s). My dogs will be current (per my veterinarians recommendations) on its rabies vaccinations prior to the arrival for any stay with 3DF. I will also make arrangements to guarantee that each animal will remain current on its rabies vaccinations throughout each service visit period.

I agree to notify 3DF of any signs of injury or possible illness before any visit as soon as the condition appears. 3DF reserves the right to cancel service at any location where an animal with a potentially infectious condition exists. 3DF strives to provide clean, safe service to each of our clients. In doing so, 3DF strongly recommends that each dog be vaccinated, dewormed, and protected from harmful insects according to veterinarian recommended standards.

This agreement is valid from the date below and grants permission for future veterinary care without the need for additional authorization each time 3DF cares for one or more of my dogs. I understand that this agreement applies to all of the dogs within 3DF's care.

In signing this contract, I agree that I have the sole authority to make health, medical, and financial decisions regarding the animals that will be scheduled to receive service.

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

Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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

Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_



## EMERGENCY CONTACT INFORMATION

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

### Guardian Information

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

Address: \_\_\_\_\_

Email: \_\_\_\_\_

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

Work Phone: \_\_\_\_\_ Preferred phone number: \_\_\_\_\_

### Emergency Contact Information if Guardian Unavailable

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

Telephone number(s): \_\_\_\_\_

### Animal Information

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

Birthdate: \_\_\_\_\_ Weight: \_\_\_\_\_

Allergies (food, drug or other): \_\_\_\_\_

### Veterinarian

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

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

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