

Lucky Paw Lodge
120 Southbridge Road
North Oxford, MA 01537



www.luckypawlodge.com
508-731-0002
luckypawlodge@gmail.com

Pup Profile - Please fill out one form for each dog.

Requirements for Boarding/Daycare Services at the Lodge

- **Vaccinations:** Rabies, Distemper, Bordatella (kennel cough), Fecal Exam
Vaccination records must be attached to Pup Profile
- **Age:** Dog's must be 16 weeks (4 months) of age to visit the Lodge
- **Group Play:** Dog's 6 months and older must be spayed/neutered to participate

Dog Owner's Name: _____

Address: _____

Cell Phone: _____ Email: _____

Dog's Name: _____

Breed: _____ Age: _____ Weight: _____

Male/Female: _____ Spayed/Neutered: _____ Length of ownership: _____

Dog's Health Information: Check Yes or No
If yes to any of these, please describe in Health Comments

Allergies: ___ Yes ___ No

Unusual Potty Habits: ___ Yes ___ No

Skin/Ear/Eye Problems: ___ Yes ___ No

Seizures: ___ Yes ___ No

Breathing Trouble: ___ Yes ___ No

Lameness/Previous Injury: ___ Yes ___ No

Physical Disabilities: ___ Yes ___ No

Other: ___ Yes ___ No

Date of Last Flea/Tick Control Application:

List Any Medications:

Health Comments:

Please complete a "Pup Profile" for Each Dog Staying at the Lodge

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Dog's Behavior Information: Check Yes or No

If yes to any of these, please describe in Behavior Comments

Crate Trained: ___ Yes ___ No

Separation Anxiety: ___ Yes ___ No

Housebroken: ___ Yes ___ No

Chews Inappropriately: ___ Yes ___ No

Bite History (People): ___ Yes ___ No

Bite History (Other Animals): ___ Yes ___ No

Guards/Protects Food or Toys: ___ Yes ___ No

Doesn't Like Certain Areas Touched/Pet: ___ Yes ___ No

Afraid of Thunder/Fireworks/Storms: ___ Yes ___ No

Fear of items/types of people: ___ Yes ___ No

Socialized to Play with Other Dogs: ___ Yes ___ No

Escape Artist (ie, fence climber/jumper, digger, bolts out door): ___ Yes ___ No

Known Obedience Commands:

Behavior Comments:

Additional Information/Comments:

The above information is correct to the best of my knowledge.

Signature: _____

Date: _____

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