



WetFur
17871 SE 422nd Ave
Sandy, OR 97055
T: (503) 482-0042
www.WetFur.biz

FURRY FRIEND PROFILE FORM

Parent Information:

First Name: _____ Last Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Work Phone: _____

Cell Phone: _____ Email: _____

Emergency Contact:

Name: _____ Relationship: _____ Phone Number: _____

Please list those whom are authorized to pick up your dog:

1.) Name: _____ Relationship: _____

2.) Name: _____ Relationship: _____

Veterinarian:

Clinic Name: _____ Address: _____

Telephone Number: _____

How did you hear about us? _____

GUEST INFORMATION

Dog's Name: _____ Primary Breed: _____

Weight: _____ Color: _____ Age/Birthdate: _____

Check where appropriate:

Male

Female

Spayed

Neutered

Unaltered

Has your dog ever attended a daycare or boarding facility in the past? Yes No

Has your dog ever been to a dog park? Yes No

Does your dog have a basic understand of commands (sit, stay, down etc.)? Yes No

Is your dog potty trained? Yes No Is your dog crate trained? Yes No



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MEDICAL HISTORY

Is your dog currently taking any medications? Yes No

NOTE: IF YOU CHECKED YES, YOU WILL NEED TO FILL OUT AND SIGN A MEDICATION ADMINISTRATION FORM FOR EACH PET

Has your dog been ill in the last 30 days? Yes No *If yes, what was the illness? _____

Is your dog displaying any symptoms such as coughing, sneezing, or upset stomach? Yes No

Does your dog have any previous or current injuries, physical problems or health concerns, including allergies? Yes No If Yes, Please explain _____

Does your dog have any physical restrictions while playing, or sensitive area on the body? Yes No

If yes, please explain: _____

VACCINATION RECORDS

***Please provide proof of the following vaccinations prior to check-in either via e-mail in person. Bordetella vaccination must be administered at least 7 days prior to any services at WetFur; 3 days for a nasal vaccination.**

Rabies _____ DHLPP _____ Bordetella _____

Is your dog currently on a flea preventative medication? (Required for all guests) Yes No

Name of brand used: _____ Date it was last given: ____/____/____; if

*WetFur finds evidence of ticks or fleas, treatment will be provided at owner's expense.