



Parent's Name: \_\_\_\_\_

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

Breed: \_\_\_\_\_ Sex: MN / FS / M / F

Dog's Birth Date: \_\_\_\_\_ Age \_\_\_\_\_ Years \_\_\_\_\_ Months

Age When Altered: \_\_\_\_\_ (Not Required For Dogs Under 6 Months Old)

How Long Have You Owned Your Dog? \_\_\_\_\_ Years \_\_\_\_\_ Months \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Phone H/C: \_\_\_\_\_ Work Phone: \_\_\_\_\_

#### Emergency Contact

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

#### Veterinarian Information

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

License Number/Microchip/Tattoo Number: \_\_\_\_\_

#### Other People Authorized To Pick Up

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

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

Do You Want A Password, Just To Be On The Safe Side? \_\_\_\_\_

### Medical Information

Currently On Any Medications? Y/N If Yes, What Kind? \_\_\_\_\_

To Be Given During Daycare? Y/N If Yes, Dosage? \_\_\_\_\_

Time To Be Given? \_\_\_\_\_ Route To Be Given? \_\_\_\_\_

Has Our Guest Been Treated For Fleas In The Last Month? Y / N

Which Preventative Was Used? \_\_\_\_\_

Is Our Guest Current On Vaccinations? (Parent Must Submit Written Proof)

Rabies: Y / N

DHLPP: Y / N

Bordetella: Y / N

Has Our Guest Had Any Medical Illness In The Past? Y/N

If Yes, What Kind? \_\_\_\_\_

Any Ongoing Medical Issues? Y / N

If Yes, What Kind? \_\_\_\_\_

### Basic Care Information

Current Feeding Schedule \_\_\_\_\_

Any Allergies? \_\_\_\_\_

Food Sensitivities? \_\_\_\_\_

Any Restrictions On Play Activity Or Movements? Y/N

If Yes, What Kind? \_\_\_\_\_

Favorite Games? \_\_\_\_\_

What Commands Does Our Guest Know? \_\_\_\_\_

\_\_\_\_\_

Specific Bathroom Command? \_\_\_\_\_

Most Important... Favorite Petting Spot? \_\_\_\_\_

Favorite Toys Or Blanket? \_\_\_\_\_

## Behavior Questions

Other Pets In The Household? Y/N If Yes, What Kind: \_\_\_\_\_

How Do They Get Along? \_\_\_\_\_

What Humans Are In The Household? \_\_\_\_\_

How Do They Get Along? \_\_\_\_\_

Any Preference? \_\_\_\_\_

How Does Your Dog React To Other Dogs In Your Home Or Yard? \_\_\_\_\_

\_\_\_\_\_

How Does Your Dog React To Other People In Your Home Or Yard? \_\_\_\_\_

\_\_\_\_\_

Does Your Dog Automatically Fear/Dislike Any Certain Types Of People? Y / N

If Yes, Explain: \_\_\_\_\_

Has Your Dog Ever Bitten Anyone Aggressively? Y / N

If Yes, Under What Circumstances? \_\_\_\_\_

\_\_\_\_\_

Has Your Dog Ever Growled At Or Jumped On Anyone Aggressively? Y / N

If Yes, Under What Circumstances? \_\_\_\_\_

\_\_\_\_\_

Is There Anything In Particular That Frightens Or Makes Your Dog Nervous? Y/N

If Yes, Explain: \_\_\_\_\_

Any Bad Habits? \_\_\_\_\_

Housetraining? \_\_\_\_\_

Barking? \_\_\_\_\_

Digging? \_\_\_\_\_

Ignoring Commands? \_\_\_\_\_