

# Dog Intake Form

## REGISTRATION

Owners Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

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

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

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Emergency Contact:

Name: \_\_\_\_\_ Relation: \_\_\_\_\_ Phone: \_\_\_\_\_

Authorized to pick up your dog:

1. Name: \_\_\_\_\_ Relation: \_\_\_\_\_

2. Name: \_\_\_\_\_ Relation: \_\_\_\_\_

Veterinarian:

Clinic Name: \_\_\_\_\_ Phone: \_\_\_\_\_

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

How did you hear about us? \_\_\_\_\_

## MEDICAL HISTORY

Is your dog currently taking any medications? Yes or No

Has your dog been ill in the last 30 days? Yes or No

Does your dog have any previous or current injuries, physical problems or health concerns? Yes or No

If yes, please explain: \_\_\_\_\_

\_\_\_\_\_

Does your dog have any physical restrictions while playing or sensitive areas? Yes or No

If yes, please explain: \_\_\_\_\_

\_\_\_\_\_

Flea & Tick Prevention: Yes or No

Type: \_\_\_\_\_

## PET GUEST INFORMATION

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

## Dog Intake Form

Weight: \_\_\_\_\_ Color: \_\_\_\_\_ Birthdate/Age: \_\_\_\_\_

Circle Where Appropriate:

Male Female Spayed Neutered Unaltered

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

Does your dog get along with other dogs? Yes or No

Does your dog know basic commands? Yes or No

Is your dog housebroken? Yes or No

Has your dog ever climbed a fence? Yes or No

Has your dog ever bitten a person or another dog? Yes or No

Does your dog growl or snap when food or toys are taken away? Yes or No

Does your dog growl or snap for any other reason? Yes or No

Any behavior problems that you are aware of? Yes or No

### PERSONALITY

Please describe your dog's personality:

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### FEEDING INSTRUCTIONS

AM: \_\_\_\_\_

PM: \_\_\_\_\_