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:

_____

_____

_____

_____

FEEDING INSTRUCTIONS

AM: _____

PM: _____

MEDICATION INSTRUCTIONS

Medication: _____ Dosage: _____ AM/ PM For: _____ Date:_____

Medication: _____ Dosage: _____ AM/ PM For: _____ Date:_____

Medication: _____ Dosage: _____ AM/ PM For: _____ Date:_____

Medication: _____ Dosage: _____ AM/ PM For: _____ Date:_____