

Application

Owner Information:

Name _____
Address _____
City _____ State _____ Zip Code _____
Home Phone _____ Cell Phone _____
Work Phone _____ Email _____

Emergency Contact (should we not be able to contact the owner):

Name _____ Cell Phone _____
Home Phone _____ Work Phone _____

Vet Information:

Veterinarian/Clinic _____ Vet Phone _____

Dog Information:

Dog's Name _____ Breed/ Description _____
Age/Date of Birth _____ Spayed/Neutered? _____

How long have you owned your dog? _____

Where did you obtain your dog? _____

If adopted or rescued, do you have any knowledge of its past (i.e. neglect or abusive home) _____

Does your dog have any pre-existing medical conditions injuries or allergies? (hip dysplasia, ACL tear, etc) _____

Is your dog on any medications? If yes, please list. _____

Does your dog have any physical limitations? _____

Has your dog ever attended daycare or a dog park? Where? _____

Are there any types of people, dogs or situations your dog automatically fears or dislikes? (Men, Boxers, fireworks, etc) _____

Has your dog ever growled at or bitten a person or another animal? If yes, what were the circumstances? _____

Is your dog sensitive about any parts of its body? (paws, tail, etc) _____

Is your dog possessive with food, toys or objects? _____

What is your dog's training history? (Puppy Kindergarten, trained yourself, other) _____

Has your dog ever jumped a fence? What kind? How high? _____

Are there any other needs or issues you feel we should be aware of? _____

