

Additional Pet's (Dog):

Pet's Name: _____

Breed: _____ Weight: _____ Birthday: _____

Neutered Male Spayed Female Puppy > 8mos. Not Spayed/Neutered

*Method of Flea Control: _____

Has your dog ever boarded or been in day care before? Yes No

Has your dog ever shown aggressive behavior before? Yes No

If yes, please explain: _____

Has your dog ever bitten or attacked a person or animal? Yes No

If yes, please explain: _____

Does your dog have any behavioral or medical issues? Yes No

If yes, please explain: _____

Has your dog escaped, jumped a fence, or similar behavior? Yes No

If yes, please explain: _____

(How high was the fence, was there extraneous circumstances, etc)

Does your dog know any basic obedience? Yes No

If yes, please let us know: _____

(This just helps us with getting to know your dog better)

Medical Information

Veterinarian Clinic: _____ Veterinarian Phone: _____

Veterinarian Address: _____

*Vaccinations: Rabies Parvo DHLPP Bordetella

(Please provide copies of vaccinations in person or via fax from the Veterinary Clinic)

Any medical or physical situations we need to know about? Yes No

If yes, please explain: _____

Is your dog micro-chipped or tattooed? Yes No

If yes, where is the tattoo located, or the microchip registered? _____

*Please list any Allergies or Health Problems:

*These items are required to participate in Daycare or Boarding: All adult dogs must be spayed or neutered and on flea control medication.

(Initial Here)