

WAGGINGGOODTIME LLC

CUSTOMER INFORMATION

Name \_\_\_\_\_ Date completed/updated \_\_\_\_\_

Address \_\_\_\_\_

Mobile Phone \_\_\_\_\_ E Mail Address \_\_\_\_\_

For Home Visits ONLY

Garage Door Code \_\_\_\_\_ Other security codes: Type \_\_\_\_\_ Code \_\_\_\_\_

\_\_\_\_\_  
Name of dog      Age      Birthdate      Gender      Altered Y/N      Breed      Weight

\_\_\_\_\_  
Name of second dog      Age      Birthdate      Gender      Altered Y/N      Breed      Weight

Food \_\_\_\_\_  
                         Type      Amount      How Mixed      When      Where Stored

Additional Feeding Instructions \_\_\_\_\_

Favorite treats \_\_\_\_\_

Favorite activities / Toys / Words \_\_\_\_\_

Medications \_\_\_\_\_

Dosage Instructions \_\_\_\_\_

Demeanor towards strangers. Check all that apply: Excited \_\_\_ Friendly \_\_\_ Aloof \_\_\_  
                         Cautious \_\_\_ Stressed \_\_\_ Scared \_\_\_ Defensive \_\_\_ Indifferent \_\_\_

Any history of biting, aggression? YES / NO Please explain if YES \_\_\_\_\_

IMPORTANT: Proof of current vaccinations required before service begins for daycare and boarding.

Veterinarian Name \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_

\_\_\_ I have read and agree to Terms and Conditions of Service