



Out 'N About Dog Daycare & Boarding, Inc.

Application Page 1

Owner Name: _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

Cell: _____ **Work:** _____

Email: _____

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

Name: _____ **Phone:** _____

Veterinarian: _____ **Vet Phone:** _____

Dog 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 knowledge of your dog's history? _____

Does your dog have any pre-existing medical conditions, injuries, or allergies? (hip dysplasia, ACL tear, etc.) or physical limitations we should be aware of: _____

Is your dog on any medication? If yes, please list: _____



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Has your dog ever attended daycare or dog park? If so, where? _____

Are there any situations your dog automatically dislikes or fears? (fireworks, thunderstorms, etc.) _____

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

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

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

What's your dogs training history? (Puppy Kindergarten, trainer, trained yourself, other)

Has your dog ever jumped a fence? If so, what kind and how high? _____

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

Owners Signature: _____ Date: _____