

Dog and Owner Application

OWNER INFORMATION

DATE: _____

Name (please print): _____

Email: _____

Cell Number or best number to reach you at: _____

Address: _____ City: _____ PC: _____

PET INFORMATION

Dog's Name: _____ Breed: _____ M/F: _____ Age: _____

Spayed/Neutered Y/N: _____ Veterinarian: _____ Phone: _____

Vet's Address: _____

Health Issue(s): _____

Behavior Issue(s): _____

Is your dog(s) up to date on vaccinations and Bordatella vaccine? _____

Is your dog(s) on a flea treatment? _____ Does your dog(s) have pet insurance? _____

If yes what is the insurance company and plan number? _____

In the event of an injury, if necessary do you authorize Paws 2 Fitness to take your dog to the vet at your expense? YES _____ NO _____ Please sign here: _____

BEHAVIORAL QUESTIONS

Please answer yes or no.

Is your dog(s) toy possessive? _____ Is your dog(s) food possessive? _____

Does your dog(s) eliminate when frightened? _____

Is your dog(s) aggressive with other dogs? _____ people? _____ Males? _____

Please note: To ensure the safety of your pet(s) and others, the dog's temperament may need to be assessed by Paws 2 Fitness or a person of their choosing.

I have read, understood and answered the above questions and hereby state that the information given is true and correct

SIGNATURE OF OWNER: _____