**OWNER INFORMATION**

First Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Last Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_\_\_\_ Zip: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Cell Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_­­\_\_\_\_\_\_ Home Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Work Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ E-mail: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Emergency Contact:

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please list those whom are authorized to pick up your dog:

1. Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Veterinarian:

Clinic Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**How did you hear about us?** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**ANIMAL PROFILE**

Pet’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Breed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Weight: \_\_\_\_\_\_\_\_ Color: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age/Birthdate: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Check where appropriate:

[ ]  Male [ ]  Female [ ]  Spayed [ ]  Neutered [ ]  Unaltered

Has your dog/cat ever attended a daycare or boarding facility in the past? [ ]  Yes [ ]  No

Has your dog ever been to a dog park? [ ]  Yes [ ]  No

MEDICAL HISTORY

Is your dog/cat currently taking any medications? [ ]  Yes [ ]  No

Has your dog/cat been ill in the last 30 days? [ ]  Yes [ ]  No

Is your dog/cat displaying any symptoms such as coughing, sneezing, or upset stomach? [ ]  Yes [ ]  No

Does your dog/cat have any previous or current injuries, physical problems or health concerns, including allergies? [ ]  Yes [ ]  No If yes, please explain \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Does your dog/cat have any physical restrictions while playing, or sensitive area on the body? [ ]  Yes [ ]  No

**If yes, please explain:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**PERSONALTIY**

Has your dog ever bitten a person or another dog? [ ]  Yes [ ]  No

If yes, please explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please check all answers that describes your dog’s/cat’s personality:

[ ]  Outgoing [ ]  Timid [ ]  Affectionate [ ]  Reserved [ ]  Protective [ ]  Feisty [ ]  Friendly [ ]  Obedient

[ ]  Aggressive [ ]  Independent [ ]  Playful [ ]  Confident [ ]  Submissive [ ]  Clingy [ ]  Gentle

Please check all answers that describe your dog’s/cat’s attributes:

[ ]  Biter [ ]  Climbs fences [ ]  Howls [ ]  Active chewer [ ]  Barks excessively [ ]  Likes to herd [ ]  Low activity level [ ]  Toy aggressive [ ]  Food/treat aggressive [ ]  Separation anxiety [ ]  Excessive marking

[ ]  Excessive mounting [ ]  Coprophagia (Eats feces) [ ]  Rock Eater [ ]  Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please check all that apply when describing situations where your dog/cat may become unfriendly:

[ ]  Grabbing collar [ ]  Being removed from furniture [ ]  Meeting strangers [ ]  Meeting other dogs

[ ]  Being hugged [ ]  Being brushed [ ]  Being touched while sleeping [ ]  Being touched on the ears

[ ]  Being touched on the paws [ ]  Being touched on the mouth [ ]  Being touched on the tail [ ]  Being touched on the lower back [ ]  Around women [ ]  Around men [ ]  Around children

 Other:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Has your dog/cat displayed any of the following reactions? (Please check all that apply):

[ ]  Will bite [ ]  May bite [ ]  Growls [ ]  Snaps [ ]  Shows teeth [ ]  Trembles [ ]  Freezes [ ]  Moves away

Explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Your dog plays best with:**

[ ] No Dogs[ ] Big Dogs[ ] Little Dogs [ ] Older Dogs[ ] Puppies

**I, the undersigned, hereby acknowledge and agree that all the information in this application is complete and accurate to the best of my knowledge. I further attest that if I am not the sole owner or representative of the dog subject to this application that my signature is sufficient to enter into this application for and on behalf of any other owner or representative.**

Signature of Owner: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_