**OWNER INFORMATION**

***First Name:***Click or tap here to enter text. ***Last Name:*** Click or tap here to enter text.

***Home Address:*** Click or tap here to enter text.

***City:*** Click or tap here to enter text. ***State:*** Click or tap here to enter text. ***Zip:*** Click or tap here to enter text.

***Cell Phone:*** Click or tap here to enter text. ***Cell Phone Carrier (to receive text msg):*** Click or tap here to enter text.

***Home Phone:*** Click or tap here to enter text. ***E-mail:*** Click or tap here to enter text.

Emergency Contact:

*Name:* Click or tap here to enter text. *Relationship:* Click or tap here to enter text. *Phone:* Click or tap here to enter text.

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

1. *Name:* Click or tap here to enter text. *Relationship:* Click or tap here to enter text. *Phone*:Click or tap here to enter text.
2. *Name:* Click or tap here to enter text. *Relationship:* Click or tap here to enter text. *Phone*: Click or tap here to enter text.

Veterinarian:

Clinic Name: Click or tap here to enter text. Phone Number: Click or tap here to enter text.

**How did you hear about us?** Click or tap here to enter text.

**ANIMAL PROFILE**

*Pet’s Name:* Click or tap here to enter text. *Breed: Click or tap here to enter text.*

*Weight:* Click or tap here to enter text. *Color: Click or tap here to enter text.Age/Birthdate:* Click or tap here to enter text.

Check where appropriate:

 [ ] Male [ ] Female [ ] Neutered/Spayed [ ] Intact

 *(we do not accept Intact Dogs over the age of 1 years old)*

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: Click or tap here to enter text.

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

*If yes, please explain:* Click or tap here to enter text.

**PERSONALTIY**

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

If yes, please explain Click or tap here to enter text.

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: Click or tap here to enter text.

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: Click or tap here to enter text.

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: Click or tap here to enter text.

Your dog plays best with: [ ]  No Dogs [ ]  Big Dogs [ ]  Little Dogs [ ]  Older Dogs [ ]  Puppies

Additional Information: regarding Feeding, Medications, Allergies, Health Conditions, etc.. Click or tap here to enter text.