

**New Client - New Pet Questionnaire**  
**(If you have multiple pets, please fill out a separate form for each)**  
**NO AGGRESSIVE BREEDS**  
***\*WE DO NOT PICK UP AND DROP OFF ON WEEKENDS\****

Date: \_\_\_\_\_  
Your Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone: (H) \_\_\_\_\_ (C) \_\_\_\_\_  
Email address: \_\_\_\_\_  
Credit Card to put on File for Emergencies: \_\_\_\_\_  
Emergency Contact Name & Phone Number: \_\_\_\_\_  
Pet's Name(s): \_\_\_\_\_  
DOB \_\_\_\_\_  
Breed(s): \_\_\_\_\_ Color: \_\_\_\_\_  
Sex: Neutered Male \_\_\_\_\_ Spayed Female \_\_\_\_\_  
Veterinarian Name & Clinic: \_\_\_\_\_

**Please answer the following questions honestly.**

How long have you had your pet? \_\_\_\_\_

How socialized is your pet?

Has your pet been to other daycare/boarding facilities? If so, which ones?

Does your pet thrive in off leash dog park atmospheres?

Does your pet have any anxieties or hesitations?

Has your pet ever growled at a person and/or showed his or her teeth? If yes, please explain.

Has your pet ever snapped at a person? If yes, please explain.

What is your dog's overall energy level and temperament like?

How good is your dog's recall?

Is your dog good off leash or would it run off? Any incidents of running off/escaping? Flight Risk?

Is your dog on any medications or does she/he have any medical problems that we need to be aware of? Please list and explain:

From where did you obtain your pet? \_\_\_\_\_

Is/Was your pet CRATE TRAINED? \_\_\_\_\_

Is your pet HOUSETRAINED? \_\_\_\_\_

How many hours is your pet accustomed to spending in a crate on a daily basis? \_\_\_\_\_

Does your pet have any food allergies? If so, please list: \_\_\_\_\_

Do you have any objections to us giving your pet treats? \_\_\_\_\_

Does your pet suffer from any chronic illnesses (seizures, stress diarrhea, etc.)? Please answer the following questions as thoroughly as possible:

Does your pet guard objects or food from people? If yes, please explain.

Does your pet get car sick?

Is your pet afraid of thunderstorms? If yes, does she/he have medication (type and dosage)?

Has your pet ever jumped or climbed a fence? If yes, list type and height of fence.

Does your pet have any behavioral problems that we should be aware of? (for example, doesn't like small dogs, men, women, children, strangers, other dogs; doesn't like collar or a specific part of body touched, etc.)

Were you referred? If so, by whom?

Thank you very much for your time. Dog River Retreats' goal is to provide a fun and safe environment for your pet.

Name \_\_\_\_\_ Dog's Name \_\_\_\_\_

**IMPORTANT EMERGENCY INFORMATION** Since an emergency may happen at any time with your dog, please take the time to have your wishes recorded below. This information is most critical for our staff and any emergency room personnel. During your dog's stay our staff will make every effort to contact your listed veterinarian for any medical emergency or medical information. However, after hours, weekends, and holidays, we must use the after hours emergency room at Carroll County Animal Hospital. Every time you leave town and your dog is in our care, please check with your listed emergency contact to make sure they'll be available to transport your dog to and from the veterinarian's office, Carroll County Animal Hospital.

Your emergency contact also needs to know the history of any medical problems that you may have experienced with your dog. For example, if your dog sometimes limps after playing ball, gets diarrhea easily, or occasionally is lethargic and cranky, it would be helpful to have that history available. Then if your dog exhibits these same behaviors when in our care, your contact person will know this is normal for your dog.

When your emergency contact person is not available, we will transport your dog to, Carroll County Animal Hospital.

Our customary charge is \$25.00 per trip. If our staff transports your dog, we need to convey your wishes during your absence. Listed below are some questions that need careful consideration. We want to assume no responsibility for any decision that would normally be made by you, your family, and your personal veterinarian without your approval.

1. If it is not life threatening, do you want x-rays taken? Yes \_\_\_\_\_ No \_\_\_\_\_
2. If it is not life threatening, do you want blood work done? Yes \_\_\_\_\_ No \_\_\_\_\_
3. If it is not life threatening, do you want the vet to do the minimum to keep your dog comfortable until your dog can be transported to your personal vet or do you want the emergency room vet to complete treatment? a. Minimum only b. Complete treatment b. If complete treatment is selected, do not exceed \$ \_\_\_\_\_
4. If surgery is involved (for example, bloat) please consider the following: a. Complete the surgery no matter what the cost b. Complete the surgery with a maximum cost of \$ \_\_\_\_\_

Thank you for taking the time to consider these options. We know it is never easy making such decisions about your dog. All of the staff at Dog River Retreat are dog lovers and absolutely can relate to these tender decisions.

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

Cruise Gatzman  
Owner of Dog River Retreat  
USMC Veteran