



Residency Enrollment

Owner: _____

Address: _____

City: _____ State: _____ Zip: _____

Primary Phone: _____ Preferred contact: call / text

Secondary Phone: _____ Preferred contact: call / text

Email: _____

General Information

Dog's name: _____

Breed: _____ Date of Birth: _____

Color: _____ Weight: _____ Gender: male / female

Neutered / Spayed: Yes [] No [] If yes, at what age? _____

At what age did you obtain the pet? _____ From: breeder / rescue / store

Is your dog currently on medication? Yes [] No []

If yes, please list medications: _____

Program Interest: (please circle)

Level 1 (2-weeks) | Level 2 (3-weeks) | Level 3 (5-weeks) Off-leash or Behavior Modification

A trainer will be in contact to confirm program details. A \$200 nonrefundable deposit is required to book a residency.

**Please attach proof of vaccinations to this document before returning.
Required vaccinations, performed by a licensed veterinarian, are: Rabies,
DHLPPV and Bordetella.**

Email to info@fetchk9.com. Subject: Residency (specify location).

Your Dog with People			
Does your dog ever:	Y	N	N/A - please explain
bark at people through windows?			
bark at people on walks?			
bark at guests in home?			
bark at family members?			
do more than bark (growl, bite, etc) in above situations?			
does your dog quickly seek attention from new people?			
Your Dog with Dogs			
Does your dog ever:	Y	N	N/A - please explain
bark at dogs through windows?			
bark at dogs on walks?			
bark at dogs in home or yard?			
do more than bark (growl, bite, etc) in above situations?			
does your dog attend a dog park or social daycare?			
Your Dog at Home I			
Does your dog ever:	Y	N	N/A - please explain
use a crate?			
have accidents in crate?			
whine or bark while crated?			
break out of crate?			
Your Dog at Home II			
Does your dog ever:	Y	N	N/A - please explain
whine or pace?			
act anxious when you leave the room or house?			
excessively salivate or chew themselves when alone?			
cause trouble with animal-housemates?			
explain:			

Your Dog at Home III			
Does your dog ever:	Y	N	N/A - please explain
have accidents in house?			
destructively chew things they shouldn't?			
growl over food or toys			
mount pillows, stuffed toys, other dogs or people?			
dig?			
jump?			
counter surf?			
run away?			
pull on the leash?			
Home Setup:			
	Y	N	N/A
crate type (plastic, metal):			
crate location in home:			
fence			
*if yes, fence type			
*if no, how do you potty and exercise outside			
do you free feed (food down all the time)			
do you free water (water down all the time)			
Heath			
is your dog prone to any of the following:	Y	N	N/A
ear infections			
urinary issues			
diarrhea			
*if yes, is it stress related			
*if yes, is it food related			
allergies			
*if yes, please describe			

