

## **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:W	/eight:	Gender: m	nale /	fer	nale
Neutered / Spayed: Yes [] No [] If yes, at v	what age?_				
At what age did you obtain the pet?	From	n: breeder / resc	ue /	st	ore
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	Ν	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	Ν	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:			

Does your dog ever:YNN/A - please explainhave accidents in house?IIIIIdestructively chew things they shouldn'i?II <tdi< td="">IIII<!--</th--><th>Your Dog at Home III</th><th></th><th></th><th></th></tdi<>	Your Dog at Home III			
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allergies	*if yes, is it stress related			
	*if yes, is it food related			
*if yes, please describe	allergies			
	*if yes, please describe			

Daily Schedule:						
Please describe your dog's daily routine. Times can be approximate.						
wake						
feeding/watering times						
potty times						
crate times and duration						
exercise times and duration						
bed						
How often does your dog do the following:						
go on walks	daily	weekly	rarely			
have active play	daily	weekly	rarely			
example: fetch						
have active exercise	daily	weekly	rarely			
example: runs or bikes						
spend time in the crate	daily	weekly	rarely			

Please describe any other issues not covered above: