



# Fitzpatrick Kennels

## DOG APPLICATION FORM

### OWNER INFORMATION

Owners Name \_\_\_\_\_

Spouse Name \_\_\_\_\_

Address \_\_\_\_\_ Postal Code \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Cellular \_\_\_\_\_

Spouse Cellular \_\_\_\_\_ Work Phone \_\_\_\_\_

Email \_\_\_\_\_

\*\*Which number is the best to reach you at? \*\* \_\_\_\_\_

### EMERGENCY CONTACT

**Person to contact if you or your spouse cannot be reached; this person is also able to make emergency decisions and/or pick up.**

Emergency Contact \_\_\_\_\_

Relationship to you \_\_\_\_\_

Address \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Cellular \_\_\_\_\_

### AUTHORIZED PERSON(S) TO PICK UP YOUR DOG: (PICTURE IDENTIFICATION WILL BE REQUIRED)

Name \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_

### VETERINARY INFORMATION

Veterinarians Name \_\_\_\_\_

Hospital or Clinic Name \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_

After hours/emergency phone \_\_\_\_\_

Maximum amount of money to spend in case of emergency and we cannot reach you \$ \_\_\_\_\_

### PET INFORMATION

Pet Name \_\_\_\_\_

Pet Birthday \_\_\_\_\_

Breed \_\_\_\_\_ Sex \_\_\_\_\_ Age \_\_\_\_\_

Neutered/spayed: Yes  No  Weight \_\_\_\_\_

Color/Markings \_\_\_\_\_

License # \_\_\_\_\_ Tattoo \_\_\_\_\_ Microchip \_\_\_\_\_

### VACCINATIONS (EXPIRY DATE)

Do you use a flea/ tick treatment? (if so which kind) \_\_\_\_\_

\_\_\_\_\_  
\*\*please attach a copy of their vaccination records\*\*

### GENERAL

How long have you owned your dog? \_\_\_\_\_

Have you owned your dog since he/she was a puppy? Yes  No

If no, do you have good knowledge of your dogs prior history? Please explain:

\_\_\_\_\_

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Has your dog been to a daycare/boarding facility? Yes  No

If yes, explain any problems/concerns associated with the use of such facility:

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How often did your dog attend the facility?

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What do you do with your dog when you're not home?

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## BEHAVIOURAL

How would you explain the personality type of your dog? \_\_\_\_\_

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Does your dog play well with others? Yes  No

If no, please explain: \_\_\_\_\_

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Have you visited off leash parks? Yes  No

Any issues in that environment? \_\_\_\_\_

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Has your dog ever shown aggression towards people? Yes  No

If yes, please explain:

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Has your dog ever bitten a person hard enough to break the skin? Explain the circumstances and cause

(if known): \_\_\_\_\_

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Has your dog ever been involved in an altercation with another dog? Yes  No

Do you know what caused the altercation? \_\_\_\_\_  
\_\_\_\_\_

What was the outcome? Were there injuries sustained to either dog?

\_\_\_\_\_  
\_\_\_\_\_

Is there anything specific that sets your dog "off" or makes him/her upset?

\_\_\_\_\_  
\_\_\_\_\_

Has your dog ever reacted negatively when someone took away food or toys? Yes  No

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

#### FEEDING/ALLERGIES/MEDICATIONS

\*\*\*We do not administer diabetes medication\*\*\*

Please provide your dog's feeding times and portion amounts (ie cup size): \_\_\_\_\_  
\_\_\_\_\_

\*\*Please provide an ample amount of your dog's food in a sealable container when dropping your dog off\*\*

Does your dog have any specific dietary restrictions? (ie low calorie, allergies to food/treats) Please list and explain: \_\_\_\_\_  
\_\_\_\_\_

Is your dog allowed snacks/treats? Yes  No

Does your dog have any allergies/sensitivities? (ie bee stings, bug bites, weeds, grasses, pollen) that we should know about? Yes  No

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

Does your dog need to be given any medications? Yes  No

If yes, please explain (time of day, dosage and application method):

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Has your dog been sick recently? Yes  No

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

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### FACILITY/ACTIVITY LEVEL/TRAINING

Is your dog comfortable on a leash? Yes  No

Is your dog known to be an escape artist? Yes  No

If yes, please explain (ie scaled fence, dug under, or able to open latches): \_\_\_\_\_

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Does your dog have any problems in the following areas: (please check all that apply):x

Barking

House training

Digging

Chewing/destructiveness

Separation anxiety

Jumping/Climbing

Does your dog have difficulty seeing or hearing? Yes  No

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

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Describe your dogs activity level and/or any restrictions that should be placed upon your dogs activities:

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Is your dog easily scared by anything? (ie noises, actions, smells, or certain objects)

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Is there any particular type of person your dog tends to dislike or fear? (ie gender, children, or people in uniform): \_\_\_\_\_

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Has your dog ever had any formal obedience training? Yes  No

Whether formally trained or not, what commands does your dog understand:

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Does your dog know any hand signals?

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Does your dog have a release word? \_\_\_\_\_

**PLAY TIME FUN (OPTIONAL)**

What is your dog's favourite thing to do? \_\_\_\_\_

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Where is your dog's favourite place to be scratched or petted? \_\_\_\_\_

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What does your dog do to show that he/she is happy?

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What kind of toys does your dog like? \_\_\_\_\_

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What type/size of dog(s) does your dog like to play with? \_\_\_\_\_

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Does your dog like to play in the water/sprinkler? Yes  No

Is it permissible for your dog to have playtime access to water park/sprinkler as they may be dirty/muddy when entering your vehicle upon pick up? Yes  No

Any additional information that you feel would enhance your dogs stay?

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How did you hear about Fitzpatrick Kennels?

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Note\*\* we use these answers to gauge socialization skills and make your pets stay as fun as possible. These answers will also help keep our other guests and staff members safe. \*\*

## Veterinary Instructions And Release Form

Owner's Full Name: \_\_\_\_\_

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

City: \_\_\_\_\_ ZIP/PC: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_

Emergency Contact Telephone: \_\_\_\_\_

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

Description: \_\_\_\_\_ Age: \_\_\_\_\_

Medical conditions/medication: \_\_\_\_\_

\_\_\_\_\_

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

Description: \_\_\_\_\_ Age: \_\_\_\_\_

Medical conditions/medication: \_\_\_\_\_

\_\_\_\_\_

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

Description: \_\_\_\_\_ Age: \_\_\_\_\_

Medical conditions/medication: \_\_\_\_\_

\_\_\_\_\_

If any of the dogs named above becomes ill or is injured, I request that a representative of my dog care provider Fitzpatrick Kennels take the dog(s) to:

Veterinary Office Name: \_\_\_\_\_

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

Phone Number: \_\_\_\_\_

Alternate Veterinary Office Name: \_\_\_\_\_

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

Phone Number: \_\_\_\_\_

Fitzpatrick Kennels and its representatives are released from all liability related to any prior medical condition my pet(s) had/has that would cause him/her to get easily injured or ill.

I give permission to my dog caregiver at Fitzpatrick Kennels to transport my dog(s) to and from the veterinary clinic to seek treatment for any of my dogs as listed above and to approve treatment for fees and charges up to \$ \_\_\_\_\_ . I give permission for the veterinarian to administer care and/or medications.

I will assume full responsibility upon my return for payment and/or reimbursement for veterinary services rendered up to the above stated amount.

If neither of the veterinary offices named above is available, I authorize my dog caregiver to take my pet/s to another veterinary office for treatment. I understand that the caregiver cannot be held responsible for the results of the veterinary treatment or the loss of my dog.

This agreement is valid starting on the date below whenever my dog daycare provider Fitzpatrick Kennels cares for my dog(s):

Owner's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Owner's Name (please print): \_\_\_\_\_