



Enrollment Form

Owner Info:

Name(s): _____

Daytime Phone: _____

Email: _____

Address: _____

Emergency Contact (other than owner(s)):

Name: _____

Phone: _____

Dog Info:

Name: _____

Breed(s): _____

Birthdate: _____

Sex: _____

License #: _____

Color: _____

Medication(s): _____

Flea/tick treatment: _____ Date last given: _____

Please list any health or medical concerns below:

Please answer yes or no to each of the following questions:

Has your dog ever shown aggression toward other dogs, people, food, etc.? YES NO

If so, please explain: _____

Has your dog ever attended daycare or dog parks? YES NO

Has your dog ever been attacked or injured by another dog? YES NO

If so, please explain: _____

Has your dog had any type of formal training?

YES NO

If so, where and how long ago?

Is your dog potty-trained?

YES NO

Do you crate your dog at home?

YES NO

Does your dog chew and/or eat bedding, toys, etc.

YES NO

If so, please explain: _____

May we give your dog treats?

YES NO

Please provide any additional information we should know about your dog below: