



Owner & Family Information

Name(s): _____

Contact Information: Cell: _____ Email: _____

Address: _____

Household Members: Spouse Other Adults List How Many? _____

Children List Ages _____ Gender _____

Any Other Pets List _____

Dog Information

Name/Nicknames: _____ Breed: _____ Age: _____

Gender: M F Spayed/Neutered? Yes No What Age? _____

Age Obtained _____ From: Breeder Pet Shop Shelter/Rescue

Other _____

Is your dog updated on shots: Yes No (Bordetella is kennel cough vaccine and required in last 6 months.) Please provide a copy of updated record

Dog must have flea and tick preventative: What: _____ When: _____

Is your dog Microchipped: Yes No

Is this your first dog? _____

What does a day look like in your home? Please include time frame of potty schedule, feeding, and when you get up and sleep, as well as what you would like it to be in the future. _____

Do you have any hearing or other physical handicaps? _____

If your dog has any physical problems, temperament problems or disabilities which may affect training, please tell us about them _____

If your dog has had any illness or skin disorder in the last 6 months, state the nature of the problem & whether treated by a veterinarian. _____



What kind of dog food do you feed? Exact brand name and type (dry, canned etc.)

What are the feeding times and measurements? _____

Some pets are reluctant to eat in new environments. If your pet is a reluctant eater, what foods can use as enticements?

I am also I PawTree PetPro, Which provides healthy options for pets and supplements that you sprinkle on their food. Find out more by asking me or going to my webpage pawtree.com//mannerspuplease

Is there anything your pet should not be fed? _____

Are you interested in getting your dog groomed while being boarded? _____

We offer grooming services as well: bathing, trimming, de-shedding, de-matting, to full grooming.

Note: We find it best for dogs staying with us to eat twice/day. If you normally feed just once a day, we will split your dog's meals into two equal parts. If you do not want us to do so, please check here 1X

Allergies: Yes No Describe Special Instructions: _____

Has your dog ever displayed aggression toward people (children or adults)? If yes, please describe circumstances _____

Has your dog ever displayed aggression toward animals (dog, cats, etc.)? If yes, please describe circumstances _____

Is your dog shy or timid toward people or in a new situation? If yes, please describe circumstances _____

How did you hear about us? _____

As a condition to accept your dog(s) into Manners PUPlease Dog Obedience Training, the following agreement must be signed:



Medications or Supplements

You do not have to fill this form out if there is no medication or supplements

Complete a section for each medication, treatment or supplement. Please be specific and provide all information:

1. Medication/Supplement _____

Name of Medication/Supplement _____

Treatment for: _____

Will the course of treatment be completed while your pet is in our care? Yes No

Capsule Tablet Ointment Injection Drops Spray Powder

Other

Frequency: 1x/day 2x/day 3x/day Other:

am noon pm Dosage:

Administration: Eats as treat Oral In meal Injection Site

In snack Peanut butter Cheese Canned food Other

Other Instructions: _____

2. Medication/Supplement _____

Name of Medication/Supplement _____

Treatment for: _____

Will the course of treatment be completed while your pet is in our care? Yes No

Capsule Tablet Ointment Injection Drops Spray Powder

Other

Frequency: 1x/day 2x/day 3x/day Other:

am noon pm Dosage:

Administration: Eats as treat Oral In meal Injection Site

In snack Peanut butter Cheese Canned food Other



Waiver, Assumption of Risk and Agreement to Hold Harmless

I understand that all dogs are individuals and their learning may progress at different rates. I further understand that while Manners PUPlease trainers will endeavor to train my dog to best accomplish my goals and will provide me with a follow-up and support. I must continue training on an on-going basis at home, or my dog may revert to previous behaviors. I hereby waive and release Manners PUPlease, trainers, owner and agents from all claims including specifically, but without limitation, any injury or damage resulting from the actions of my dog. I further agree that with all reasonable care being taken while attending boarding-training at Manners PUPlease, should my dog be the cause of any injury to another dog or persons, I will be responsible for any veterinary or medical expenses incurred. I understand that if my dog falls ill or needs veterinary care I give Manners PUPlease permission to take my dog to Coronado Animal Clinic and I will be responsible for any veterinary or medical expenses incurred.

I also will reimburse any expense incurred if my dog runs out of food in the care of Manners PUPlease upon proof of a receipt of purchase and will receive the remaining food from purchase. By signing I agree to terms and verify all information is true.

Signature of Owner _____
(Must be over 18) Date