

Contact Information

Primary Owner Name

Secondary Owner Name

Phone

Email

Street Address

City

State

Zip Code

Emergency Contact

Phone

Anyone Else Who is Authorized to Pickup Your Pet(s)

How Did You Hear About Us?

Pet Information

Pet Name

Age

Breed(s)

Color / Markings

Approximate D.O.B.

Sex

Male Female

Known Allergies

Neutered / Spayed?

Yes No

Veterinarian Information

Pet Information

Pet Name

Age

Breed(s)

Color / Markings

Approximate D.O.B.

Sex

Male Female

Known Allergies

Neutered / Spayed?

Yes No

Veterinarian Information

Getting to Know Your Dog(s)

Has your dog ever bitten a person? If yes, please explain.

Yes No

Has your dog ever bitten another dog? If yes, please explain.

Yes No

Has your dog been on any medications within the past 90 days? If yes, please explain.

Yes No

Please check all that apply.

My dog is aggressive.

My dog has impaired hearing or vision.

My dog has separation anxiety.

My dog has not been trained to obey basic commands.

My dog is shy/timid around people or other dogs.

My dog could use more socialization with other dogs.

My dog has resource-guarding tendencies.

My dog prefers more low-energy company.

Is your dog on a special diet? If yes, please explain.

Yes No

Has your dog been on any medications within the past 90 days? If yes, please explain.

Yes No

Describe how your dog interacts with and / or plays with other dogs.

Please share any additional information you'd like us to know about your pup(s).

Is your dog currently taking a flea and tick preventative?

Yes No