



APPLICATION

Today's Date: _____

Guardian Information:

Guardian's name/s: _____
Address: _____ City: _____ State: _____ Zip: _____
Home phone: _____ Cell phone/s: _____
Work Phone/s: _____
Email: _____
How did you hear of us? _____

Others authorized to transport/pick up your dog:

Name: _____ Phone: _____
Name: _____ Phone: _____

Emergency Contact:

Name _____ Relationship to you: _____
Emergency contact phone: (home) _____ (cell) _____
(work) _____

Dog Information:

Dog #1

Name _____ Breed _____ Color _____ Age _____ Birthday ____/____/____
Male ___ Female ___
Is your dog spayed or neutered? _____
All dogs older than six months must be spayed or neutered.

Dog #2

Name _____ Breed _____ Color _____ Age _____ Birthday ____/____/____
Male ___ Female ___
Is your dog spayed or neutered? _____
All dogs older than six months must be spayed or neutered.

Veterinary Information:

Name of Clinic: _____ Vet's Name: _____
Address: _____ City: _____ State: _____ Zip: _____
Phone: _____

Health and Nutrition:

Does your dog have any allergies or medical problems of which we should be aware? _____

Does your dog take any medication? If so, what and for what purpose? _____

Are your dog's vaccinations up to date? Yes ___ No ___

Does your dog have the Bordetella vaccination? Yes ___ No ___ If so, when _____

Copy of current rabies and DHPP vaccination records must be attached

Behavior History:

How long have you had your dog: _____

Where did you get your dog? _____

Who does your dog live with?(check all that apply) ___ adults ___ children ___ dogs ___ cats ___ other

If adopted, do you know about your dog's history? _____

Has your dog been socialized with other dogs? _____

Does your dog act afraid of any specific items or noises? If so, please explain: _____

How does your dog react to strangers? _____

Are there any kinds of people your dog automatically fears or dislikes? _____

How does your dog get along with other dogs? _____

How does your dog get along with puppies? _____

Has your dog ever growled at a person or animal? _____ What were the circumstances? _____

Has your dog ever bitten a person or animal? _____ What were the circumstances? _____

Does your dog have any problems with any of the following- Y/N (if Yes, explain below)
___ Mouthiness ___ Housetraining ___ Barking ___ Digging ___ Jumping ___ Whining ___ Pacing
Explain: _____

Is your dog protective of food/toys? _____

Has your dog ever jumped a fence or escaped? _____

Has your dog had obedience training? _____ When and where? _____

Has your dog attended daycare before? _____ When and where? _____

Do you have any particular information about your dog of which you would like us to be aware?
