

DOG AND CUSTOMER INFORMATION

CUSTOMER INFORMATION

NAME _____ DATE _____

ADDRESS _____ CITY _____ STATE _____ ZIP _____

HOME PHONE _____ CELL _____ EMAIL _____

HOW DID YOU HEAR ABOUT US _____

HOW OFTEN MIGHT YOU REQUIRE DAYCARE: _____

PLEASE CHOOSE A LOCATION: RIVERWALK IN LAWRENCE _____ HAVERHILL _____

HAVERHILL AND RIVERWALK _____

EMERGENCY CONTACT

NAME _____ PHONE _____ CELL PHONE _____

NAME _____ PHONE _____ CELL PHONE _____

YOUR VETERINARIAN

VETERINARIAN HOSPITAL / DOCTOR NAME _____

PHONE _____ CITY _____ STATE _____

DOG INFORMATION

1) DOGS NAME _____ BREED _____ SEX _____ SPAYED/NEUTERED _____

COLOR OR MARKINGS _____ DOB _____ WEIGHT _____

2) DOGS NAME _____ BREED _____ SEX _____ SPAYED/NEUTERED _____

COLOR OR MARKINGS _____ DOB _____ WEIGHT _____

3) DOGS NAME _____ BREED _____ SEX _____ SPAYED/NEUTERED _____

COLOR OR MARKINGS _____ DOB _____ WEIGHT _____

MICROCHIP YES ___ NO ___ IF YES WHAT BRAND AND NUMBER: _____

BORDETELLA VACINATIONS: _____

DHLPP VACINATIONS: _____

RABIES VACINATIONS: _____

MOST RECENT FECAL TEST: _____

HOW LONG HAVE YOU HAD YOR DOG? _____

WHERE DID YOU GET YOUR DOG? _____

IF ADOPTED, PLEASE DESCRIBE YOUR DOG'S PAST HISTORY? _____

HAS YOUR DOG EVER BEEN WITH A LARGE OFF-LEASH GROUP OF DOGS OR ATTENDED DAYCARE BEFORE? YES ___ NO ___ IF YES WHERE? _____

HOW DID HE/SHE RESPOND? _____

DOES YOUR DOG LIKE CHILDREN? YES ___ NO ___

IS YOUR DOG TOY PROTECTIVE? YES ___ NO ___ EXPLAIN IF YES: _____

DOES YOUR DOG HAVE ANY SENSITIVE AREAS ON HIS OR HER BODY? YES ___ NO ___

IF YES, PLEASE DESCRIBE: _____

WHAT DOES YOUR DOG DO TO SHOW HE/SHE IS HAPPY? _____

HAS YOUR DOG EVER HAD ANY FORMAL OBEDIENCE TRAINING? YES ___ NO ___

IF YES, PLEASE DESCRIBE: _____

DOES YOUR DOG KNOW ANY HAND SIGNALS? YES ___ NO ___

IF YES, PLEASE DESCRIBE: _____

IS YOUR DOG HOUSE BROKEN? YES ___ NO ___ DOES YOUR DOG HAVE A POTTY OR BATHROOM COMMAND? _____

RATE YOUR DOGS ENERGY 1-10 ONE BEING MELLOW TEN BEING UNCONTROLLED ___

IF A 7 OR MORE PLEASE EXPLAIN: _____

PLEASE DESCRIBE ANY DESTRUCTIVE BEHAVIORS AT HOME? _____

IS YOUR DOG AGGRESSIVE ON A LEASH? YES ___ NO ___ IF YES EXPLAIN _____

AS YOUR DOG EVER BITTEN ANY PERSON / DOG? YES ___ NO ___ IF YES EXPLAIN _____

HAS YOUR DOG CLIMED OR JUMPED OVER A FENCE? YES ___ NO ___ IF YES HOW HIGH AND EXPLAIN _____

DOES YOUR DOG BARK A LOT? YES ___ NO ___ IF YES WHAT TRIGGERS BARKING? ___

DOES YOUR DOG HAVE ANY ALLERGIES? YES ___ NO ___

IF SO, PLEASE DESCRIBE: _____

PLEASE INFORM US ABOUT ANY MEDICAL CONDITIONS YOUR DOG CURRENTLY EXHIBITS: _____

WHAT BRAND OF FOOD DO YOU FEED YOUR DOG? _____

WOULD YOU BE INTRESTED IN LEARNING OR OBTAINIG INFORMATION ABOUT CANINE NUTRITION? YES ___ NO ___

PLEASE INCLUDE ANY OTHER INFORMATION THAT WOULD BE RELEVANT TO THE CARE AND SAFE PARTICIPATION OF YOUR DOGS USE OF OUR FACILITY:

OWNER SIGNATURE _____ **DATE** _____
