

Owner Name: _____ Pet Name: _____



Owner Contact Information

Name: _____

Address: _____

Home Phone: _____ Work Phone: _____

Cell Phone: _____ Email: _____

Additional Contact Information: _____

Emergency Contact

Name: _____

Home Phone: _____ Work Phone: _____

Please list any person/s who may pick up your Dog if you aren't able to: _____

_____ Password: _____

(please notify Dogs Rule!, LLC immediately of any changes to this list/password)

Pet Information

Name: _____ Breed: _____ Sex: M/F

Age: _____ Weight: _____ Color: _____ Birthday: _____

Spay or Neutered: Y / N Micro Chip Y / N: # _____

Owner Name: _____ Pet Name: _____

Veterinarian

Name: _____

Address: _____

Phone: _____

Pet History

Where did your Dog come from?: _____

What is your Dog's history?: _____

Has your dog received formal obedience training? Y / N

What commands do you practice regularly to communicate with your Dog?:

Does he/she have a potty command?: _____

Does he/she have a quiet or no bark command? _____

Owner Name: _____

Pet Name: _____

Pet Behavior

Has your Dog ever growled at or bitten anyone and if so what were the circumstances?:

Has your Dog ever shared his/her food or toys with other animals?: _____

If so, were there any problems?: _____

Is your Dog afraid of certain items or noises?: _____

How does your Dog react to new Dogs upon meeting?: _____

Has your Dog ever been in a Dog fight?: Y/N If so, please explain: _____

Does your Dog have any "quirks" or unusual behavior/s Dogs Rule!, LLC should be aware of to make your Pet's stay with us more comfortable?:

Owner Name: _____ Pet Name: _____

Pet Health Information

All Dogs must have up-to-date vaccinations on file with us. Veterinarians are often happy to fax your Pets records directly to us. (614) 725-2575. Is your Pet current on:

Rabies: Y/N Bordatella: Y/N
Distemper/Parvo: Y/N A fecal float with a negative result: Y/N
Is your Dog on heartworm prevention?: Y/N
What flea prevention program is your Dog currently using?: _____

Is your Dog on any medications?: Y/N If so, please explain: _____

Are there any restrictions for your Dog regarding activities or movements?: _____

Does your Dog have any allergies?: Y/N If so, please explain: _____

Is it okay to give your Dog treats during the day?: _____

Does your Dog have any sensitive areas on his/her body?: _____

General Information

How many days per week are you considering Daycare?: _____

Please circle preferred days: Monday Tuesday Wednesday Thursday Friday

How did you hear about Dogs Rule!, LLC: Play / Care for Your Best Friend?: _____
