

DOGGY INTAKE FORM

How did you hear about us? _____

Contact Information:

Name: _____ Phone: _____

Email Address: _____

Address: _____

Emergency Contact Information:

Name: _____ Phone: _____

Email Address: _____

Address: _____

Veterinary Information:

Name: _____ Phone: _____

Email Address: _____

Address: _____

Pet Information:

Pet's Name: _____ Male

Female

Spayed/neutered? Yes No Not Sure Age: _____

Birthday: _____ Breed: _____

Color: _____ Weight: _____

Microchip? Yes No Microchip #: _____

Feeding schedule: _____

Brand & Type of Food: _____

Where did you get this dog? _____

How long have you had him/her? _____

If you have not had him / her from puppyhood, what do you know of the dog's prior history? _____

Are there any other animals in the household? (Species/Breed/Age) _____

Has your dog ever participated in daycare or played in off leash dog parks? Yes No

Please describe your dog's overall temperament. _____

How does your dog interact with other dogs? (Generally) _____

Has your dog ever bitten a person? Yes No

Has your dog ever bitten a dog? Yes No

Are there any particular types of people your dog seems to fear or dislike? Yes No

If yes, please explain: _____

Has your dog ever tried to escape (home, backyard, vet, etc.)? Yes No

Does your dog jump fences? Yes No

Will your dog share water with other dogs? Yes No

Does your dog have any sensitive areas on his / her body? Yes No

If yes, please explain: _____

Does your dog have any allergies? Yes No

If yes, please explain: _____

Does your dog have any disabilities or health problems? Yes No

If yes, please explain: _____

Is your dog on tick and flea preventative? Yes No

Is your dog on a worm/parasite preventative (ie. Heartgard, Sentinel, Advantage,

Ivermectin/Pyrantel, etc.)? Yes No

If yes, what is the brand? _____