

Parent Information

PARENT #2

PARENT #1

Name:	Name:
Address:	Address:
City, State, Zip:	City, State, Zip:
Home Phone:	Home Phone:
Work Phone:	Work Phone:
Mobile Phone:	Mobile Phone:
Email Address:	Email Address:

Emergency Person to Contact if you can't be reached. This person should be someone you trust making decisions about your dog.

EMERGENCY CONTACT #1 EMERGENCY CONTACT #2 Name: Name: Address: _____ Address: City, State, Zip:_____ City, State, Zip:_____ Home Phone: Home Phone: Work Phone:_____ Work Phone:_____ Mobile Phone: Mobile Phone: Email Address:_____ Email Address:_____ **VETERINARY INFORMATION** Veterinarian Name:_____ Hospital Name:_____ City:_____ Phone:

Refer A Friend Program

How did you hear about us? \Box WEBSITE \Box VET	APT-COMPLEX TRAINER FRIEND ADVERTISEMENT
What is your friends first/last name?	What is their dog's name?
Advertisement Information:	Apartment Complex

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Pooch's Profile

Tell us about your best friend!

POOCH #1

POOCH #2

Name:	Name:
Breed:	Breed:
Sex (M/F):	Sex (M/F):
Neutered/Spayed:	Neutered/Spayed:
Date of Birth:	Date of Birth or Approx Age:
Color:	Color:
Identifying Marks:	Identifying Marks:
Odd lumps/scars:	Odd lumps/scars:

MEDICATIONS/FOOD

Name of Medication:	Name of Medication:
Reason for Use:	Reason for Use:
Times/day:	Times/day:
Any Medical Conditions:	Any Medical Conditions:
Has your dog ever had a seizure?	Has your dog ever had a seizure?
Does your dog have hip dysplasia?	Does your dog have hip dysplasia?
Allergies:	Allergies:
Dietary Restrictions:	Dietary Restrictions:
What food does your dog eat?:	What food does your dog eat?:
Has your dog been ill in the last 30 days?	Has your dog been ill in the last 30 days?
Is your dog on flea control?	Is your dog on flea control?

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	Any Medical Conditions:
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-	Allergies:
-	Dietary Restrictions:
	What food does your dog eat?:
-	Has your dog been ill in the last 30 days?
_	

POOCH'S ORIGIN

How old was your dog when he came home?____ How/where did you get your dog? ______

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How old was your dog when he came home?____ How/where did you get your dog?_____

POOCH'S HABITS

POOCH'S HABITS	POOCH'S HABITS
Does your dog tolerate being brushed?	Does your dog tolerate being brushed?
Are there any sensitive areas on your	Are there any sensitive areas on your
dog?	dog?
How active is your dog?	How active is your dog?
Has your dog visited:	Has your dog visited:
Other daycares:	Other daycares:
Dog Parks or Beaches:	Dog Parks or Beaches:
How did he react in these situations:	How did he react in these situations:
How does your dog react to small dogs or puppies?	How does your dog react to small dogs or puppies?
Large dogs?	Large dogs?
Is your dog frightened by noises?	Is your dog frightened by noises?
Is there a type of person your dog is afraid of?	Is there a type of person your dog is afraid of?
Has your dog ever growled or snapped at	Has your dog ever growled or snapped at
anyone taking food or toys away?	anyone taking food or toys away?
Does your dog exhibit protective behavior?	Does your dog exhibit protective behavior?
Has your dog ever bitten a person or animal	Has your dog ever bitten a person or animal
causing injury or death?	causing injury or death?
Has your dog ever been in a dog fight that ended with injuries?	Has your dog ever been in a dog fight that ended with injuries?
Does your dog tend to be an escape artist?	Does your dog tend to be an escape artist?
Has your dog ever tried to climb a 6 foot	Has your dog ever tried to climb a 6 foot
fence?	fence?
Does your dog play with toys?	Does your dog play with toys?
Does your dog has a barking problem?	Does your dog has a barking problem?
Does your dog use his mouth too rough on you	Does your dog use his mouth too rough on you
or your family?	or your family?
Has your dog had training?	Has your dog had training?
Which trainer?	Which trainer?

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