



Parent Information

PARENT #1

Name: _____

Address: _____

City, State, Zip: _____

Home Phone: _____

Work Phone: _____

Mobile Phone: _____

Email Address: _____

PARENT #2

Name: _____

Address: _____

City, State, Zip: _____

Home Phone: _____

Work Phone: _____

Mobile Phone: _____

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

Name: _____

Address: _____

City, State, Zip: _____

Home Phone: _____

Work Phone: _____

Mobile Phone: _____

Email Address: _____

EMERGENCY CONTACT #2

Name: _____

Address: _____

City, State, Zip: _____

Home Phone: _____

Work Phone: _____

Mobile Phone: _____

Email Address: _____

VETERINARY INFORMATION

Veterinarian Name: _____

City: _____

Hospital Name: _____

Phone: _____

Refer A Friend Program

How did you hear about us? WEBSITE VET APT-COMPLEX TRAINER FRIEND ADVERTISEMENT

What is your friends first/last name? _____ What is their dog's name? _____

Advertisement Information: _____ Apartment Complex _____



Pooch's Profile

Tell us about your best friend!

POOCH #1

Name: _____

Breed: _____

Sex (M/F): _____

Neutered/Spayed: _____

Date of Birth: _____

Color: _____

Identifying Marks: _____

Odd lumps/scars: _____

POOCH #2

Name: _____

Breed: _____

Sex (M/F): _____

Neutered/Spayed: _____

Date of Birth or Approx Age: _____

Color: _____

Identifying Marks: _____

Odd lumps/scars: _____

MEDICATIONS/FOOD

Name of Medication: _____

Reason for Use: _____

Times/day: _____

Any Medical Conditions: _____

Has your dog ever had a seizure? _____

Does your dog have hip dysplasia? _____

Allergies: _____

Dietary Restrictions: _____

What food does your dog eat?: _____

Has your dog been ill in the last 30 days? _____

Is your dog on flea control? _____

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POOCH'S ORIGIN

How old was your dog when he came home? _____

How/where did you get your dog? _____

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POOCH'S HABITS

Does your dog tolerate being brushed?_____

Are there any sensitive areas on your dog?_____

How active is your dog?_____

Has your dog visited:

Other daycares:_____

Dog Parks or Beaches:_____

How did he react in these situations:_____

How does your dog react to small dogs or puppies?_____

Large dogs?_____

Is your dog frightened by noises?_____

Is there a type of person your dog is afraid of?

Has your dog ever growled or snapped at anyone taking food or toys away?_____

Does your dog exhibit protective behavior?_____

Has your dog ever bitten a person or animal causing injury or death?_____

Has your dog ever been in a dog fight that ended with injuries?_____

Does your dog tend to be an escape artist?_____

Has your dog ever tried to climb a 6 foot fence?_____

Does your dog play with toys?_____

Does your dog has a barking problem?_____

Does your dog use his mouth too rough on you or your family?_____

Has your dog had training?_____

Which trainer?_____

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