

Sit, Stay, N' Play Dog Daycare/Boarding Customer Information

Owner Name _____ Dog's Name _____
Address _____
City _____ State _____ Zip _____
Home Phone _____ Cell Phone _____
Email _____
How did you hear about us? _____

Veterinarian Information

Veterinarian (Hospital & Dr. Name) _____
Phone _____ City _____

Emergency Contact

In the event you cannot be reached in an emergency, who would you like us to contact?

Name _____

Phone _____

Name _____

Phone _____

Release your dog(s) to the following people with proper I.D.

_____ By initialing here, you may verbally (by telephone) or in writing (by facsimile or otherwise) request that Sit, Stay, N' Play, LLC release your dog(s) to someone other than the person listed above, and you release Sit, Stay, N' Play, LLC from any and all responsibility for releasing your dog(s) to any person Sit, Stay, N' Play LLC believes to be authorized by yourself.

About Your Dog(s): Complete for Each Dog

Dog's Name _____ Date of Birth _____
Breed _____ Color/Markings _____
Weight _____ Sex _____ Spayed or Neutered _____
Dog License # _____ County Registered In: _____

Health

What is your dog's general health? _____
Is your dog free of ticks, fleas, parasites, contagious diseases? _____

Please check all that apply to your dog:

Has seizures. If yes, how often and when do they occur?

Tattoo or Microchip _____ Spayed/Neutered _____

Has allergies. If yes, please list

Vaccinations

Please list the dates of the last vaccinations. Proof is required from your vet.

Rabies _____ Distemper _____
6 month Bordatella _____ DHLPP _____

_____ Evidence of vaccinations provided? If so, attach _____

Temperament

How long have you owned your dog? _____

Where did you get your dog? _____

Please check all that apply to your dog:

- Separation anxiety
- Fears or apprehensions (e.g. firecrackers, big dogs, people, thunder, etc)

Please list if yes. _____

- Has been attacked by another dog, or been abused

If yes, please explain _____

- Climbs fences
- Runs away if off leash
- Aggressive with food bowl / toy when trying to remove it
- Aggressive with other dog / animals
- Aggressive with a person or has growled at a person

If yes, describe incident _____

- Socializes with other dogs

If yes, how often? _____

- Been to a doggie daycare/boarded before**

If yes, how did your dog enjoy it _____

- Has negative interactions with other dogs

If yes, explain. _____

- Sensitive body parts

If yes, where? _____

- Disabilities or Limitations

If yes, please describe. _____

- Training of any kind

If yes, please list _____