

APPLICATION



Basic information

Owners' name(s): _____
Address: _____
City: _____ State: _____ Zip: _____
Home phone: _____ Work phone: _____
Mobile phone 1: _____ Name: _____
Mobile phone 2: _____ Name: _____
Email: _____
Emergency contact: _____

(Someone with whom you have discussed this responsibility in advance, and who is willing and able to make decisions regarding your dog in the event that you are unreachable.)

Dog 1: _____ Breed: _____
Sex: _____ Age: _____ Spayed/ Neutered? _____ At what age? _____
Dog 2: _____ Breed: _____
Sex: _____ Age: _____ Spayed/ Neutered? _____ At what age? _____
Dog 3: _____ Breed: _____
Sex: _____ Age: _____ Spayed/ Neutered? _____ At what age? _____

Medical information

Vet's name: _____ Clinic Name: _____ Phone: _____
Vaccination history: *please attach*

Is your dog on flea/tick preventative? _____ When was your dog's last heartworm test? _____
Is your dog micro-chipped? _____ Has your dog ever had a seizure? _____
Is your dog on regular medications? _____ *(if yes, please list below)*

Medication	Dosage	Condition

Any special needs? _____

Feeding Information

Type of food you feed at home: _____
Amount/ times fed: _____
Do you prefer your dog to have your own food or our facility food? _____
Any dietary restrictions or food allergies? _____

(This is very important for treat times!)