

Service Form

OWNER INFORMATION

Name of Parent/s: _____

Address: _____

Home Phone: _____ Work Phone: _____ Mobile Phone: _____

Email address: _____

Emergency contact name: _____ Contact number: _____

Chosen branch for service: _____

Who is authorized to pickup your dog? _____

How did you hear about us? _____

VETERINARY INFORMATION

Name: _____

Address: _____ Mobile Phone: _____

Please check if your dog has had the following vaccination:

☐ Rabies: ☐ DHLPP ☐ Bordetella

Yearly Heartworm Test ☐ Yes ☐ No If Yes, what brand? _____

Flea control medication ☐ Yes ☐ No If Yes, what brand? _____

Describe any health/medical issues we need to be aware of _____

I authorize Dogs and the City Daycare and Spa to act as my agent in the event of my dog needing medical attention. I further agree that I will be responsible for any and all cost of any veterinary care deemed necessary by the licensed veterinarian.

Signature _____

Date _____



Service Form

DOG'S INFORMATION

Dog's name _____

Gender _____ Breed _____ Color _____

Weight _____ Birthday _____ Neutered/Spayed _____

Are there any other animals in the household? List type, sex, and age

Has your dog ever been to a dog park? ☐ Yes ☐ No

If yes, how did they behave? _____

Has your dog ever been to a day care? ☐ Yes ☐ No If yes, where? _____

How did they do? _____

Does your dog have any allergies? _____

Does your dog have any health problems that require special attention?

Does your dog have any past injuries or current conditions? _____

My dog needs medications ☐ Yes ☐ No

Type _____ Reason _____

Frequency _____ Amount _____

Has your dog ever been to a dog park? ☐ Yes ☐ No

I will provide my own food ☐ Yes ☐ No

Amount per feeding _____

Has your dog had obedience training? ☐ Yes ☐ No

What commands does your dog know? _____

My dog is house broken ☐ Yes ☐ No



Service Form

Does your dog prefer to play with any specific breed or size of dog? Male/female?

My dog's favorite toy/activity/treats _____

Rate your dog's energy level (1 is very mellow and 10 is a spaz) _____

Is your dog aggressive on a leash? ☐ Yes ☐ No Off leash? ☐ Yes ☐ No

How often do you walk your dog? _____

Has your dog bitten anybody? If so, please explain _____

Is your dog afraid of any specific thing? _____

Are there any kinds of people that your dog automatically fears or dislikes?

Will you allow your dog to rest on furniture while he/she is at daycare? ☐ Yes ☐ No

May we give your dog treats while he/she is at daycare? ☐ Yes ☐ No

Is your dog mouthy or does he/she nibble on you? _____

Does your dog bark a lot? ☐ Yes ☐ No

Is there anything your dog should not have? _____

Does your dog have problems in any of the following areas?

☐ Jumping ☐ Eating Foreign Objects ☐ Escaping ☐ Separation Anxiety

☐ Barking ☐ Food or Toy aggression/Possessiveness ☐ Others _____

Any other information that would be helpful _____

Signature _____

Date _____