



INFORMATION FOR OFF-LEASH PARK TRIPS AND BOARDING

CLIENT INFORMATION

Name: _____

Address: _____

Home Phone: _____ Work Phone: _____

Cell Phone: _____ E-mail: _____

Emergency Contact: _____ Phone: _____

COMMUNICATION & BEHAVIOR

Which commands does your dog know? _____

How does your dog respond off-leash? _____

How does your dog react to: other dogs? _____

cats? _____

children? _____

strangers? _____

Describe how your dog plays (Alone/with other dogs, wrestle/fetch, possessive or aggressive, etc.) _____

Is your dog "food aggressive?" _____

Does your dog react differently to other dogs, people, etc. when she is on leash? _____

Has your dog ever bitten or nipped a person? If so, what were the circumstances? _____

List any fears your dog has: _____

Is there anything else I should know about your dog's behavior or communication? _____

VETERINARY INFORMATION

Veterinarian: _____ Phone: _____

Address: _____

Preferred doctor: _____

GENERAL INFORMATION

Dog's name:			
Breed and Sex			
Physical Description			
Birthday			
Current vaccinations			
Flea medication?			
Medication?			
Allergies?			

BOARDING INFORMATION

Brand of food and feeding instructions: _____

Can your dog have treats? _____

Is your dog likely to take food off the counters? _____

Medication instructions: _____

Sleep location at home (on furniture/dog bed/your bed/kennel, etc): _____

How does your dog signal that he/she needs to go to the bathroom? _____

How long is your dog usually home alone? _____

Does your dog have separation anxiety? If so, what do you do to ease the anxiety? _____

Does your dog like toys? If so, what kind? _____

Does your dog like to dig? _____

Is your dog likely to try to escape or jump/climb/dig under a fence? _____

Does your dog have any "bad" habits? Please explain. _____

Any other instructions or information: _____