

Client/Dog Application

410 Fortener Drive Coldwater, OH 45828 419-763-1600

Client Information				
Nomo				
Name:Address:				
G:	State:	Zip:		
		Zīp.		
	Home Phone:			
	Vetrinarian Information			
Name:				
Adress:				
City:	C4 4	Zip:		
Phone:				
	Emanganay Cantaat			
	Emergency Contact			
Name:				
Address:				
	State:	Zip		
Cell Phone:	Home Phone:			
Person(s) authorized to drop or	ff and/or pick up your dog(s):			
	Dog's General Information			
Name:				
Breed:				
Sex:	Neutered/Spayed?			
Birthdate:	Approx. Weight:			

Dog's Behavioral Information

Has your dog been boarded before?		Yes:	No:	
Is yes, where and for how long?				
Has your dog been in daycare before?		Yes:	No:	
Has your dog been socialized with other of	logs outside of your	home?	Yes:	No:
Does your dog automatically fear or dislik-	• 1	d/size/etc. type o	of dog?	
Yes:No:				
If yes please explain:				
Does your dog growl at people?		Yes:	No:	
If yes please explain:				
Has your dog ever bitten a person or anoth	her dog?	Yes:	No:	
If yes, please explain:				
How does your dog handle being on a least	sh?			
How does your dog handle being crated?	-			
The state of the s				
Is your dog fearful of loud noises/thunder	storms/other?	Yes:	No:	
(please specify)				
Please check any of the following that ma	y apply to your dog:			
Dog Aggressive	Chews	Sto	ol Eater	
Toy Possessive	Runs Away	Jumps Up		
Seperation Anxiety	High Jumper	Bar		
People Possessive	Digs	Shy		
Food Possessive	Other			
Does your dog have a specific type of toy	or other breed of do	g they prefer to	play with?	
May your dog have biscuits?		Yes:	No:	
Dog's normal daily level of activity:				

Dog's Training and Obedience

Has your dog been in obedience training classes?	Yes:	No:
What commands does your dog know?		
Does your dog have a "release" word (drop/let go/etc.)?		
Is there anything else you feel we should know about you	ır dog?	

Thank You!