Background Information		
Name (of humans):		
Address:		
Phone Numbers:		
Home:	Home:	
Work:	Work:	
Cell:	Cell:	
E-mail:	E-mail:	
Emergency Contact:		
Dog's Name:	Nickname(s):	
Birthday/Rescue date:	Age:	
Breed:	Gender:	
Spayed/Neutered (Y/N):		
Microchipped (Y/N):	Microchip number?	
How long has your dog been a famil	ly member?	
How did you hear about us?		

Medical Information				
Name of vet hospital:				
Name of veterinarian:				
Phone numbers:				
Address:				
Vaccination/Titer Testing (latest date)				
Rabies:				
Distemper:				
Parvo:				
Heartworm:				
Other Vaccinations/Testing (latest date)				
Lyme/Ehrlichia test:				
Kennel Cough vaccine:				
Do you use flea/tick prevention (Y/N)? Last Date Used:				
If yes, what type?				
Please describe any medical problems/issues your dog had or has, including dates of each:				

Does your dog require any medications (Y/N)? _____

If yes, what type, how frequently, how administered (i.e. oral, AM only, PM only, twice a day, with food, without food, etc.):

Will your dog eat medication you put in his/her food, or should capsules be opened and mixed with food?

Behavioral and Personality Information

Is your dog housebroken (Y/N)? _____

Does he/she ever have accidents in the house (Y/N)?

If yes, how frequently and under what conditions (i.e. thunderstorms, left alone, etc.)

Do you have a fenced yard that your dog is accustomed to relieving him/herself in (Y/N)? _____ Has your dog ever jumped a fence, crawled under a fence, or climbed a fence (Y/N)? _____ If yes, please explain:

Does your dog generally get along with Male dogs (Y/N)? _____ Female dogs (Y/N)? _____ If NO to either question, please explain:

Is your dog possessive of/aggressive around food, toys, children, adults, other pets (Y/N)? _____ If yes, please explain:

Has your dog ever shown aggression towards other dogs – growling, snarling, biting, raised hair on the neck, stiff body (Y/N)? _____

If yes, please explain:

How does your dog typically react if another dog behaves in a dominant fashion (i.e., does he/ she run away, roll on back, snarl, fight)?

How does your dog typically react if a group of dogs?

Has your dog ever bitten or attempted to bite a human (Y/N)? _____ If yes, please explain:

Does your dog come when called (Y/N/sometimes)? ______

What word(s) do you use to get your dog to come to you?

How reliable is he/she in coming when called?

Does your dog try to eat paper products, rocks, dog poop, or other inappropriate items (Y/N)? _____ If yes, please explain:

How does your dog let you know he/she has to go out?

What words do you use to encourage your dog to relive him/herself (i.e., "go pee-pee," "do your business," "go poopy," "hurry up"?

Does your dog usually respond to these commands (Y/N)? _____

Please list any fears your dog may have (i.e., separation anxiety, thunderstorms, other loud noises, etc.)?

Is there anything else we should know about your dog's behaviors and personality?

Sleeping/Eating Information

What does your dog eat for breakfast (type, brand, and amount of food)?

Do you add water to his/her food (Y/N)? _____

If yes, approximately how much do you add? _____

*** If you add supplements or medications to food, please be sure to list on page 2. ***

Do we have permission to "tasty up" your dog's food with beef, chicken or veggies (Y/N)? _____ Are there any food allergies or dietary restrictions we should know about (Y/N)? _____ If yes, please explain:

Where does your dog like to sleep/nap (crate, bed, chair, couch, etc.)?

Is there anything else we should know about your dog's sleeping and eating habits?

DOGGIE ADVENTURES MEDICAL AND LEGAL RELEASE FORM

Our top priority at Doggie Adventures is the comfort and safety of your dog(s). Please read this form carefully, as you will be asked to sign it when you bring your dog(s) to Doggie Adventures.

I understand that dogs at play or on swims can incur sore muscles, cuts and bruises, sprains, tendon, joint, ligament or bone injuries, cut pads or paws, fatigue and so forth. I understand that in case of medical or surgical emergency, every effort will be made to reach me or any person that I have designated as "next of kin." I further understand that dogs may transmit illnesses to other dogs and/or humans, & I release Doggie Adventures from any and all liability to the extent allowed by law associated with the transmission of illnesses or from any other harm to humans or dogs, including but not limited to dog bites and dog fights.

I give my permission for any staff member at Doggie Adventures to take my dog(s) to the nearest animal hospital or emergency room for any reason that they deem appropriate. I further agree to allow the attending veterinarian(s) to provide any and all necessary medical and/or surgical veterinary care as the veterinarian sees fit. I understand that I will be responsible for all medical/surgical costs associated with the veterinary treatment of my dog(s). I hereby release Doggie Adventures and all of its staff members an other dog owners from any and all liabilities to the extent allowed by law for injuries, illnesses, loss or death of my dog(s) that may occur from any services offered, whether on the Doggie Adventures property, or in route to or from veterinary services or any other necessary location.

I understand that payment for services is due at the time they are rendered. I understand that any unpaid fees will be sent to collections, and that I am responsible for all collections and legal fees incurred for this reason. I acknowledge that my dog is in good health & has been free of all communicable diseases for the last 30 days. I agree to allow Doggie Adventures to use photographs of my dog(s) for their website and any other promotional purpose, without consideration. I acknowledge that I have read this agreement in its entirety, as well as the requirements specified by Doggie Adventures, and that I understand and agree with all of the stated requirements. I agree to all of the terms and conditions listed, and I release the owner and all staff members affiliated with Doggie Adventures LLC of all liability, regardless of the cause.

Name:			
Phone Numbers: Home:	Cell:	Work	
nome	Cen	Work:	
Phone Numbers:			
Home:	Cell:	Work:	
Emergency Contact(s): ("next of kin")		
Client Signature:			
Date:			