

URBAN HOUND APPLICATION FORM

How did you hear about Urban Hound? _____

OWNER INFORMATION

Your Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Home Phone: _____ Cell: _____ Work: _____

Email Address: _____

EMEREGENCY CONTACT – If we can't get in touch with you, who can we call?

Name: _____

Home Phone: _____ Cell: _____

DOG INFORMATION

Name: _____ Sex: M / F

Spayed/Neutered: Y / N

Age: _____ Birthday: _____

Breed: _____ Color(s): _____

Weight: _____ Micro Chip: Y / N If so, # _____

Feeding Schedule (# of times/day, time of day): _____

Brand and Type of Food: _____

Is your dog currently on any medication? Y / N

If so, please describe.

Does your dog have any known allergies? _____

Does your dog receive flea and tick preventative? Y / N

Brand: _____ Type: _____ Frequency: _____

Is your dog allowed to have treats? Y / N If so, what kind? _____

Where did you get your dog? _____

How long have you had him/her? _____

If you have not had him/her since puppy-hood, are there things we should know of its prior history?

Are there any other animals in the household? (Species/ breed/ age)

What is the make-up of your household?

Adult Males _____ Adult Females _____ Children and their ages _____

Which family member is your dog most fond of? _____

Which sex is your dog most fond of? M / F

Please describe your dog's overall temperament:

How does your dog generally react to other dogs?

Has your dog ever participated in play at a dog park? Y / N

If so, how did he/she react to the other dogs? _____

How does your dog react to strangers? _____

Does your dog have any kinds of people he/she automatically fears? If so, describe.

Does your dog have any kind of dog he/she automatically fears? If so, describe.

Has your dog ever bitten someone? If yes, describe.

Has your dog ever bitten or been in a fight with another dog? If yes, describe.

Does your dog jump on people? Y / N

Do you walk your dog? Y / N How often? _____

Does your dog have any known behavioral problems?

Does your dog have any known fears? If so, how would you calm your dog in this situation?

Is your dog housebroken? Y / N Is your dog crate trained? Y / N

Does your dog play with toys? Y / N What kind? _____

Is your dog toy possessive? If yes, describe. _____

Has your dog shared toys/water with other dogs before? Y / N

If yes, was there any problems with the sharing?

Do you feel that dog designed play equipment would be appropriate for your dog? Y / N

If not, please explain why not. _____

Does your dog prefer a particular sex of dog? If so, please describe.

Has your dog ever received any formal training? If so, please describe.

Does your dog know any commands? If so, please describe.

Bathroom command: _____ Quiet command: _____

Play command: _____ Sit command: _____

Stay command: _____ Other: _____

What do you do with your dog when you leave your home?

Does your dog have any health problems that you are aware of? If so, describe.

Does your dog have any medical restrictions on his/her activities? If so, describe.

Does your dog like to receive brushings? Y / N

Does your dog have any areas on his/her body that he/she does not like to be touched? Y / N

If so, please describe. _____

Is there anything else you believe we should know about your dog?
