



# Client/Pet Information

## PRIMARY OWNER

Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Email: \_\_\_\_\_

## ADDITIONAL OWNER

Name: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Email: \_\_\_\_\_

## EMERGENCY CONTACT

Name: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Email: \_\_\_\_\_

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How did you hear about us? \_\_\_\_\_

Are you interested in:  Daycare  Boarding

•••••

## PET INFORMATION

Name: \_\_\_\_\_ Breed: \_\_\_\_\_ Age: \_\_\_\_\_

Birth-date: \_\_\_\_\_ Anniversary/Adoption Date: \_\_\_\_\_ Weight: \_\_\_\_\_

Gender:  Female  Male Spayed/Neutered:  Yes  No If no, please explain: \_\_\_\_\_

Authorized to pickup:  Owner(s)  Emergency Contact  Other: \_\_\_\_\_

**VETERINARIAN INFORMATION**

Clinic Name: \_\_\_\_\_

Phone (if known): \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Veterinarian Name (if known): \_\_\_\_\_

ID Micro-chip/Barcode Number (if known): \_\_\_\_\_

**VACCINATION STATUS** *\*Your dog must be current on the following 3 vaccinations*

Bordetella:  Yes  No Distemper:  Yes  No Rabies:  Yes  No

*\*We require proof of vaccination and can contact your veterinarian on your behalf to obtain records.*

Does your dog receive flea and tick preventative:  Yes  No



**FOOD INFORMATION (FOR BOARDING ONLY)**

*\*If you would like your dog to be given lunch during their daycare day, please speak to an Urban Hound employee directly\**

Please feed my dog:  Breakfast  Lunch  Dinner  Other: \_\_\_\_\_

Amount: Breakfast \_\_\_\_\_ Lunch \_\_\_\_\_ Dinner \_\_\_\_\_ Other \_\_\_\_\_

Brand/Type: \_\_\_\_\_ Please use Urban Hound provided food:  Yes  No

May we give your dog treats:  Yes  No

Does your dog have any food allergies: \_\_\_\_\_

**MEDICATION/ALLERGIES**

Does your dog require any medication to be administered:  Yes  No

If yes, please describe: \_\_\_\_\_

Is your dog on any other medication that we should be aware of:  Yes  No

If yes, please describe: \_\_\_\_\_

Does your dog have any non-food related allergies:  Yes  No

If yes, please describe in detail and describe any actions we should take: \_\_\_\_\_

\_\_\_\_\_

## GETTING TO KNOW YOUR DOG

How long have you had your pet: \_\_\_\_\_

Where did you get him/her: \_\_\_\_\_

Has your dog been to daycare or boarding before:  Yes  No

If yes, how was the experience: \_\_\_\_\_

\_\_\_\_\_

Has your dog been to training or obedience school:  Yes  No

If yes, how was the experience: \_\_\_\_\_

\_\_\_\_\_

Is your dog: Housebroken?  Yes  No Crate-trained?  Yes  No Aggressive?  Yes  No

Does your dog play with toys?  Yes  No Does he/she share toys well?  Yes  No

Please describe your dog's overall temperament: \_\_\_\_\_

\_\_\_\_\_

Has your dog ever engaged in group dog play?  Yes  No If yes, how did your dog react:

\_\_\_\_\_

How does your dog generally react to other dogs? \_\_\_\_\_

\_\_\_\_\_

How does your dog react to new people? \_\_\_\_\_

\_\_\_\_\_

Has your dog ever bitten a person or another dog?  Yes  No If yes, describe: \_\_\_\_\_

\_\_\_\_\_

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

Bathroom \_\_\_\_\_  Quiet \_\_\_\_\_  Play \_\_\_\_\_

Sit \_\_\_\_\_  Stay \_\_\_\_\_  Other \_\_\_\_\_

Does your dog have any health problems?  Yes  No If yes, describe: \_\_\_\_\_

\_\_\_\_\_

Does your dog have any medical restrictions on his/her activities?  Yes  No If yes, describe:

\_\_\_\_\_

Is there anything else that you would like to share about your dog? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_