

New Client Form

Please fill out this form in its entirety. Our staff will go over this information, reach out to your veterinarian for vaccine records, and call you to set up your free daycare day to evaluate your pet!

Owner Name (First Last): _____

Email address: _____

Home address: _____

Phone number: _____

Vet Clinic (include phone number): _____

Dog Name: _____

Dog Breed: _____

Dog Birth Date: _____

Color/Markings: _____

Current Weight: _____

My dog is: ___ Spayed ___ Neutered ___ Neither

Does your dog have any anxiety issues? _____

Describe your dog's general temperament: _____

How long have you owned your dog? _____

Has your dog had any other owners? _____

Does your dog get along well with people and other pets? _____

Has your pet ever interacted with a large group of dogs? _____

Has your pet attended daycare or boarding previously? Any issues? _____

Has your pet ever bitten another person or pet? _____

Has your pet ever escaped from a fenced in area or building? _____

Is there any reason to restrict your pet's activity? Any surgery or injuries in the past 2 weeks?

Anything else you'd like us to know about your pet? _____
