



Application & Enrollment

Owner's Information

NAME: _____

ADDRESS: _____ **CITY:** _____ **PROV:** _____ **POSTAL CODE:** _____

PLACE OF EMPLOYMENT: _____

HOME PHONE: _____ **WORK PHONE:** _____ **CELL PHONE:** _____

EMAIL ADDRESS: _____

EMERGENCY CONTACT (other than self): _____ **RELATIONSHIP:** _____

PLEASE LIST OTHER PERSONS AUTHORIZED TO PICK UP YOUR DOG:

Name: _____ Phone: _____

Name: _____ Phone: _____

Name: _____ Phone: _____

Name: _____ Phone: _____

HOW DID YOU HEAR ABOUT DOGGIE IN THE WINDOW?

Dog's Information (general)

DOG'S NAME: _____ **BREED:** _____

COLOUR: _____ **GENDER:** _____ **SPAYED/NEUTERED:** YES _____ NO _____

AGE: _____ **BIRTHDAY:** _____ **WEIGHT:** _____

ANY SPECIAL INSTRUCTIONS FOR FEEDING? (if applicable)

ANY FOOD ALLERGIES OR SENSITIVITY?

CAN YOUR DOG HAVE TREATS? YES _____ NO _____

Dog's Information (health)

VETERINARY CLINIC'S NAME: _____ **PHONE:** _____

ANY MEDICAL/HEALTH CONDITIONS, INJURIES, OR ALLERGIES? YES _____ NO _____

IF YES, PLEASE DESCRIBE:

IS YOUR DOG CURRENTLY TAKING ANY MEDICATIONS? YES _____ NO _____

IF YES, PLEASE DESCRIBE (include type, amount, times and any special instructions):

DOES YOUR DOG HAVE ANY SENSITIVE AREAS ON HIS/HER BODY? YES _____ NO _____

IF YES, PLEASE DESCRIBE:

DOES YOUR DOG CURRENTLY HAVE A PROBLEM WITH FLEAS? YES _____ NO _____

IF YES, PLEASE DESCRIBE:

Dog's Information (personality & temperament)

DESCRIBE YOUR DOG'S PERSONALITY (mark all that apply):

- Mellow Calm Shy Submissive Playful
 High Energy Dominant Alpha Well Behaved Unruly

PLEASE MARK ALL THAT APPLY TO YOUR DOG:

- Food Possessive Toy Possessive Jumps Up On People Barks Excessively Mouthy
 Bites Chews Excessively Digs Separation Anxiety Eats Feces
 Does Not Obey Eats Rocks Fear of Loud Noises High Strung Timid
 Jumps Fences Growls at Strangers Destroys Furniture Destroys Toys/Clothing

DOES YOUR DOG SOCIALIZE/PLAY WITH OTHER DOGS ON A REGULAR BASIS? YES ____ NO ____

IF **YES**, PLEASE DESCRIBE:

HAS YOUR DOG EVER BITTEN A PERSON, DOG OR OTHER ANIMAL? YES ____ NO ____

IF **YES**, PLEASE DESCRIBE:

HAS YOUR DOG EVER SHOWN AGGRESSIVE BEHAVIOUR TOWARDS PEOPLE? YES ____ NO ____

IF **YES**, PLEASE DESCRIBE:

IS YOUR DOG EVER AGGRESSIVE AROUND OTHER DOGS OR PUPPIES? YES ____ NO ____

IF **YES**, PLEASE DESCRIBE:

CONTINUED: Dog's Information (personality & temperament)

ARE THERE ANY SPECIFIC TYPES OF PEOPLE, DOGS, ANIMALS OR SITUATIONS THAT YOUR DOG DISLIKES OR FEARS?

YES ____ **NO** ____

IF **YES**, PLEASE DESCRIBE:

IS YOUR DOG AFRAID OF ANY SPECIFIC ITEMS, NOISES OR SITUATIONS? **YES** ____ **NO** ____

IF **YES**, PLEASE DESCRIBE:

IS YOUR DOG AN ESCAPE ARTIST OR DOES YOUR DOG LIKE TO RUN AWAY? **YES** ____ **NO** ____

IF **YES**, PLEASE DESCRIBE:

ANYTHING ELSE WE SHOULD KNOW ABOUT?

To the best of my knowledge, the information that I have provided on all pages is both accurate and true. I also acknowledge that I have read, understand and agree to abide by the **Policies and Procedures**.

Owner's Signature: _____

Owner's Name (please print): _____ **Date:** _____

