

# Enrollment Application

Please fill out an application for each dog you are enrolling, please skip "Owner Information" for additional dogs

## Owner Information

Name \_\_\_\_\_ Mobile Phone: \_\_\_\_\_

Address \_\_\_\_\_ Home Phone: \_\_\_\_\_

City/ State/ Zip \_\_\_\_\_ Work Phone: \_\_\_\_\_

Email: \_\_\_\_\_ Other Phone: \_\_\_\_\_

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

## Emergency Contact Information

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

Relation: \_\_\_\_\_

## Canine Information

Name: \_\_\_\_\_ Breed: \_\_\_\_\_ Color/Markings: \_\_\_\_\_

Male  Female Spay/Neuter Date: \_\_\_\_\_ (Dogs over 7 m.o. Must be spayed or neutered)

Weight: \_\_\_\_\_ Date of Birth/Adoption: \_\_\_\_\_ Microchip YES / NO

Where did you get your dog?

\_\_\_\_\_

If adopted, what is their history?

\_\_\_\_\_

## Health Information

Veterinarian Name: \_\_\_\_\_ Phone: \_\_\_\_\_

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

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**Medical Conditions (Please explain):** \_\_\_\_\_

\_\_\_\_\_

**Allergies:** \_\_\_\_\_

## Medication Schedule:

**Am:** \_\_\_\_\_ **As needed:** \_\_\_\_\_

**Pm:** \_\_\_\_\_ **Other:** \_\_\_\_\_

## Feeding Schedule:

**Am:** \_\_\_\_\_ **Lunch:** \_\_\_\_\_

**Pm:** \_\_\_\_\_ **Other/Free-feed:** \_\_\_\_\_

## Behavior

**PLEASE CHECK ALL THAT APPLY TO YOUR DOG:**

- |  |   |  |
|--|---|--|
| <input type="radio"/> Has attended daycare   | <input type="radio"/> Sleeps in bed       | <input type="radio"/> Has bitten someone       |
| <input type="radio"/> Where? _____           | <input type="radio"/> Sleeps in own bed   | <input type="radio"/> Has bitten another dog   |
| <input type="radio"/> Has been boarded       | <input type="radio"/> Crate Trained       | <input type="radio"/> Not house trained        |
| <input type="radio"/> Where? _____           | <input type="radio"/> Shy around dogs     | <input type="radio"/> Inappropriate urination  |
| <input type="radio"/> Has separation anxiety | <input type="radio"/> Food aggressive     | <input type="radio"/> Toy aggressive           |
| <input type="radio"/> Likes to share toys    | <input type="radio"/> Walks well on leash | <input type="radio"/> Frequents dog parks      |
| <input type="radio"/> Has Training           | <input type="radio"/> Afraid of noises    | <input type="radio"/> Will eat foreign objects |
| <input type="radio"/> Knows basic commands   | <input type="radio"/> Stool Eater         | <input type="radio"/> Fears: _____             |
| <input type="radio"/> Other: _____           |   |  |

**Is there anything else you would like us to know?**