APPLICATION FORM

FRIEND'S NAME: _____

OWNERS INFORMATION

Name of Owner(s) First: _____ Surname: _____

First: _____ Surname: _____

Home Address: _____

Home Phone #: _____

Contact Name: _____ Business #: _____ Cell #: _____

Email address: _____

Contact Name: _____ Business #: _____ Cell #: _____

Email address: _____

Emergency Contact Information

In emergency Call:

Name: _____ Phone #: _____ Cell #: _____

Name: _____ Phone #: _____ Cell #: _____

Vet Information

Name of Clinic: _____

Name of Veterinarian: _____

Phone #: _____ Fax #: _____

Date of last DHPP (Distemper, Hepatitis, Parvovirus, and Parainflueneza) Inoculation: _____

Rabies expiry date: _____

Bordatella (Kennel cough) expiry date: _____

Titers date (if applicable): _____

Fecal exam date: _____ Results: _____

Treated for parasites: _____ Medication: _____

RR#1 Sideroad 17, S11590. Sunderland, ON. L0C 1H0

P : 705-357-1511 **C** : 416-399-3370 **E** : barry@k9countryretreat.com, sally@k9countryretreat.com **W** : www.k9countryretreat.com

HEALTH/MEDICAL INFORMATION

Is your Friend on any flea/heartworm prevention program? ☐ Yes ☐ No

Name of flea treatment product: _____

Does your Friend have any allergies ☐ Yes ☐ No

If yes, explain: _____

Is your Friend on any medication? ☐ Yes ☐ No

If yes, list medications and medical conditions:

_____

_____

Please indicate dosage, best way of being accepted and time medication is to be given:

_____

_____

Does your Friend have any physical or medical problems in the past or present that we should be made aware of? ☐ Yes ☐ No

If yes, please elaborate: _____

_____

FRIEND INFORMATION

Sex: _____ Age: _____ Birthday: (d/m/yr) _____

Spayed or Neutered: ☐ Yes ☐ No

Weight (approximate): _____

Colour/markings: _____

Distinguishing physical characteristics: _____

Microchip or Tattoo: _____

Has your Friend ever been in doggy day care or boarded before? ☐ Yes ☐ No

Was it a good experience for you and your Friend? Please explain: _____

_____

_____

If applying for daycare, what are your reasons?

☐ Socialization & Play ☐ Exercise ☐ Long day

☐ Other: _____

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Does your Friend have separation anxiety issues? ☐ Yes ☐ No
If yes please elaborate: _____

_____

Is your Friend house trained? ☐ Yes ☐ No
Has your dog ever growled at anyone? ☐ Yes ☐ No
If yes please elaborate: _____

_____

Has your dog ever bitten a person or animal? ☐ Yes ☐ No
If yes, please elaborate: _____

_____

Likes & Dislikes

What is your Friend's favorite thing to do? _____
What is their favorite past time? _____
What do they like least? _____
What sets them off? _____
What are your friend's fears or dislikes? (i.e. Thunder, baths, cats): _____

_____

Is there a breed of dog they dislike? _____
Does your friend get along well with other dogs? ☐ Yes ☐ No
Does your friend get along well with puppies? ☐ Yes ☐ No
Does your friend get along or play with large dogs? ☐ Yes ☐ No
Does your friend get along or play with small dogs? ☐ Yes ☐ No
Is your friend ever aggressive with other dogs they are playing with? ☐ Yes ☐ No
If yes, what are the circumstances: _____

_____

Does your friend like to be brushed? ☐ Yes ☐ No
Does your friend have any sensitive body areas? ☐ Yes ☐ No
If yes, please elaborate (sensitive paws, hind quarter): _____

_____

_____

Does your friend like to chew inappropriate items? ☐ Yes ☐ No
What is their preference? _____

Does your friend like:

Children: ☐ Yes ☐ No Men: ☐ Yes ☐ No

Women : ☐ Yes ☐ No Strangers: ☐ Yes ☐ No

Please list favorite toys and games:

☐ Ball ☐ Frisbee ☐ Tug of War ☐ Cuddle ☐ Belly rubs

Other: _____

Exercise

Is your dog:

Allowed to run free in the home: ☐ supervised ☐ unsupervised

Allowed to run in a fenced year: ☐ supervised ☐ unsupervised

Leashed walked only: ☐ Outside ☐ unleashed but supervised

How much exercise is your dog presently getting? _____

_____

Does your Friend have any exercise limitations? ☐ Yes ☐ No

If yes, please elaborate: _____

_____

What kind of collar do you use when your walk your dog? _____

Is your dog aggressive on a leash? ☐ Yes ☐ No

Food

What are they presently eating and what time of day? _____

_____

What quantity do they get? _____

Special feeding Instructions: _____

_____

Does your Friend guard their food? ☐ Yes ☐ No

Does your Friend guard their toys? ☐ Yes ☐ No

What is their favorite treat? _____

Is there anything else we should know about your Friend so we can give them the best care and treat them as they were at home?

_____

_____

_____

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