



Dog Care Application Form

How did you hear about Great Woofs? _____

Your Name _____

Address _____ City _____ State _____ Zip _____

Home Phone () _____ - _____ Work Phone () _____ - _____ Cell () _____ - _____

Best number to contact you at _____

Email Address _____

If we can't get in touch with you who can we contact?

Name _____

Address _____ City _____ State _____

Home Phone () _____ - _____ Work Phone () _____ - _____

Veterinarian

Name _____ Phone () _____ - _____

Address _____ City _____ State _____ Zip _____

Pet Information

Name _____ Sex M F

Spayed/Nuetered Yes No

Age _____ Birthday _____

Breed _____ Color _____ Weight _____ Micro Chip Yes No

Feeding Schedule _____

Brand and Type of Food _____

Is your dog allowed to have treats? Yes No If yes, any restrictions? _____

Temperament

Please describe your dogs overall temperament _____

How does your dog react to other dogs? (Generally) _____

Has your dog ever participated in play at a dog park? Yes No

If yes how did he/she react with other dogs? _____

How does your dog react to strangers? _____

Does your dog have any type of people he/she automatically fears or dislikes? Yes / No

If yes describe _____

Has your dog ever bitten a person? Yes No

If yes describe _____

Has your dog ever been in a fight or bitten another dog? Yes No

If yes describe _____

Has your dog ever escaped or attempted to escape by digging, jumping or climbing fences?

If yes describe _____

Does your dog jump on people? _____

If yes describe _____

Do you walk your dog? Yes No

How often? _____ Distance? _____

What other exercise does your dog receive? _____

How often? _____

What known behavioral problems does your dog have? _____

Does your dog have a circumstance or situation that he/she is frightened of? Yes No

If yes describe: _____

Describe how you would calm the dog during this situation _____

Is your dog housebroken or crate trained? _____

Does your dog play with toys? Yes No

If yes what kind? _____

Is your dog toy possessive? Yes No

If yes describe: _____

Has your dog shared toys/food/water with other dogs before? Yes No

Where there any problems? _____

Has your dog ever played on playground or agility equipment before? Yes No

Do you feel that play equipment would be inappropriate for your dog? Yes No

Describe _____

Does your dog prefer a particular sex of dog?

Describe _____

Has your dog ever received any formal training? Yes No

Where and When? _____

Does your dog know any commands? Yes No

Describe _____

What do you do with him/her when you leave the home? _____

How does he/she react when you get home? _____

Does your dog have any health concerns that you are aware of? Yes No

Describe _____

Does your dog have any medical restrictions on his/her activities? Yes No

Describe _____

Is your dog currently on any medications? Yes No

Describe _____

Does your dog have any allergies? Yes No

Describe _____

Does your dog like to be brushed? Yes No

How often is he/she brushed? _____

How does your dog react to getting his/her nails clipped? _____

Does your dog have any areas on his/her body that he/she does not like to be touched? Yes No

Describe _____

Does your dog have a special place that he/she likes to be petted or rubbed? Yes No

Describe _____

Does your dog receive flea and tick prevention? Yes No

Brand and type _____ Frequency _____

Is there anything else that you believe we should know about your dog? _____

What services are you interested in? Daycare___ Boarding___ Grooming___ Training___

When would you like to start? _____

