

# Hattie's Doggie Day Care & Boarding Customer Information Form



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North Canton, Ohio 44720  
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Twinsburg, Ohio 44087  
Phone: (330) 405-0624  
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## Owner Information

Name: \_\_\_\_\_ Spouse: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone (home): \_\_\_\_\_ (work): \_\_\_\_\_ (cell): \_\_\_\_\_

E-mail: \_\_\_\_\_ Preferred contact method: \_\_\_\_\_

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

Is there any other person that is authorized to pick up your pet? \_\_\_\_\_

## Vet Information

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

Phone: \_\_\_\_\_ Location (City): \_\_\_\_\_

## Emergency Contact

In the event of an emergency, whom should we contact(s) if you are unavailable?

Name \_\_\_\_\_ Number \_\_\_\_\_ Relationship \_\_\_\_\_

Name \_\_\_\_\_ Number \_\_\_\_\_ Relationship \_\_\_\_\_

By signing below I authorize the contact listed above to make medical decisions regarding my pet in my absence.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Dog Information

Name: \_\_\_\_\_ Breed: \_\_\_\_\_

Color: \_\_\_\_\_ Weight: \_\_\_\_\_ Age: \_\_\_\_\_

Male  Female Spayed/Neutered:  Yes  No

Has your dog ever been to Doggie Daycare or been boarded before?  Yes  No

If yes, what was the past experience like for your dog? \_\_\_\_\_

How long have you had your dog and from where? \_\_\_\_\_

Is your dog crated or confined at home in any way and how? \_\_\_\_\_

## Dog Behavior Questions

Is there any person, type of dog or situation that your dog is uncomfortable with? :  Yes  No

If so, please explain: \_\_\_\_\_

Has your dog ever growled or bit another person or dog? \_\_\_\_\_

Has your dog jumped a fence or other barriers?  Yes  No

Can you take food away from your dog without them growling?  Yes  No

Are there any areas on your dog that he/she does not like to be touched?  Yes  No

If yes where? \_\_\_\_\_

Has your dog been socialized with a large group of dogs before (10 or more)?  Yes  No

Are there any restrictions that need to be placed on your dog's activities?  Yes  No

If so, please explain: \_\_\_\_\_

Please tell us anything extra that you feel is important to know while your dog is visiting with us.

Examples would be related to anxiety, obedience, territorial, behavior and special accommodations:

\_\_\_\_\_

## Feeding

What type and brand of food do you feed your dog? \_\_\_\_\_

How many times per day do you feed your dog? \_\_\_\_\_

What time(s) do you feed your dog? \_\_\_\_\_

How much per feeding does your dog receive? \_\_\_\_\_

Do you leave food out for your dog until it is gone or pick it up after a certain amount of time?

\_\_\_\_\_

Does your dog receive treats?  Yes  No

Are there any food allergies or restrictions you want us to know? \_\_\_\_\_

Any additional comments for feeding instructions: \_\_\_\_\_

## Medical Information

Does your dog have any allergies or other medical problems? If yes, please explain:

\_\_\_\_\_

\_\_\_\_\_

Does your dog take medication on a regular basis?  Yes  No

Medication Name: \_\_\_\_\_ Prescribed for: \_\_\_\_\_

Medication Dosage: \_\_\_\_\_ Administration Times: \_\_\_\_\_

Please list any physical limitations from former surgeries and/or injuries:

\_\_\_\_\_

\_\_\_\_\_