



Hattie's Doggie Day Care & Boarding Customer Information Form

2778 Greensburg Road, Suite A
North Canton, Ohio 44720
Phone: (330) 899-8565
Fax: (330) 899-8641

Owner Information

Owner #1: _____ Owner #2: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone Home: _____ Work: _____ Cell: _____

May we send automated reminders via text message to your cell number? Yes No (Text OPT OUT to discontinue)

E-mail: _____ Preferred Contact Method: _____

Is there any other person 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 if you are unavailable?

Name: _____ Phone: _____ Relationship: _____

Name: _____ Phone: _____ Relationship: _____

By signing, I authorize the contacts listed above to make medical decisions regarding my pet, if I am unreachable.

Signature: _____ Date: _____

Dog Information

Name: _____ Breed: _____

Color: _____ Weight: _____ Age: _____

Sex: Male Female Spayed/Neutered: Yes No Fully Vaccinated: Yes No

Has your dog ever been to doggie daycare or boarded before? Yes No

If yes, what was the experience like for your dog? _____

How long have you had your dog? _____

Where did you get your dog from? _____

Is your dog crated or confined at home? If yes, how? _____

Dog Behavior

Is your dog fearful of men? Yes No Is your dog fearful of women? Yes No

Is your dog fearful of dogs? Yes No

If yes, is there a specific type of dog? _____

Are there certain situations your dog is uncomfortable with? Yes No

If yes, please explain: _____

Has your dog ever bitten a person? Yes No

If yes, please explain: _____

Has your dog ever aggressively growled at a person? Yes No

If yes, please explain: _____

Has your dog ever jumped a fence or 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: _____

Additional information important for your dog: (Examples: anxiety, obedience, territorial, behavioral, 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? _____ Time(s): _____

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 feeding instructions: _____

Medical Information

Does your dog have any allergies? Yes No If yes, to what? _____

Does your dog have any medical concerns? Yes No

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 surgeries and/or injuries:

Owner's Signature: _____ Date: _____