



canine daycare grooming and hotel

Owner's Information

Date: _____

Name(s): _____

Address: _____ City: _____ State: _____ Zip Code: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Email Address: _____

How did you hear about eddieandbarkus: _____

Are you applying for: Daycare Hotel Grooming All

Emergency Contact Information

Emergency Contacts Name: _____ Phone Number: _____

Veterinarian: _____ Phone Number: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Dogs Profile

Name: _____ Breed: _____

Birth Date: ____/____/____ Sex: Male Female My dog is: Spayed/ Neutered Not spayed/Neutered

Have you ever used a daycare/hotel service at another facility? Yes No

If Yes, please list facility _____

What is the primary reason for bringing your dog to eddieandbarkus?

(Ex. To socialize, exercise, prevent boredom/destructive behaviors, more potty breaks, less alone time at home, ect.)

Rate your dogs energy level "1" being mellow, "10" being uncontrollable (please circle). 1 2 3 4 5 6 7 8 9 10

Is there any PERSON, type of DOG, or SITUATION your dog seems to be uncomfortable with? Please describe.

Has your dog been socialized with a large group of dogs (8 or more)?

Please describe. _____

Does your dog play well with dogs of all sizes? Yes No, please describe. _____

What happens when a DOG or PERSON tries to take away your dogs belongings? Please describe.

What happens when a DOG or PERSON tries to take food or treats away from your dog? Please describe.

Has your dog ever bitten another PERSON or DOG? Yes No

If yes, please explain _____

Are there any areas on your dogs body where they DO NOT like to be touched by a human or other dog? Yes No

If yes, which areas? _____

Does your dog show destructive behaviors when left alone? (Ex. Chewing, digging etc.) Yes No

If yes, please describe. _____

Is your dog aggressive on a leash? Yes No If yes, please describe. _____

Is your dog aggressive off leash? Yes No If yes, please describe. _____

Is your dog mouthy? (Ex. Grabs at clothing, hands, etc.) Yes No

Does your dog jump on you or others? Yes No

Has your dog ever jumped or climbed over a fence? Yes No If yes, how high? _____

Does your dog growl? Yes No If yes, please describe. _____

Is it a warning growl or a play growl? Warning Play

Feeding and Medical

How often does your dog eat? Morning Noon Evening Free Feed Other, _____

What brand(s) of food does your dog eat? _____

If your dog runs out of food while staying with us is it ok to give them hotel food? Yes No

Does your dog have any allergies? _____

Does your dog take any regular Medications, Vitamins or Supplements? No Yes (Please list them)

Medication: _____ Morning Noon Evening Quantity: _____

Medication: _____ Morning Noon Evening Quantity: _____

Medication: _____ Morning Noon Evening Quantity: _____

How do you administer medications to your dog? Please describe. (Ex. Pill pockets, peanut butter, etc.)

Does your dog have any past injuries or current conditions? _____

Are there any restrictions we should put on your dogs activities? _____

Other

Persons authorized to Drop Off and/or Pick-up your dog(s): _____

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

Are there any services you would like eddieandbarkus to offer in the future? _____