

# Playful Pups Retreat - Registration Form

## Client Information

Name(s):		Date:	
Address:		City:	Zip:
Home Phone:	Cell Phone:	Work Phone:	
Email:		Alternate Email:	
Are you interested in: <input type="checkbox"/> Daycare <input type="checkbox"/> Boarding <input type="checkbox"/> Both			

### Emergency Contact # 1 (other than your spouse)

Name:		Relationship:	
Home Phone:	Work Phone:	Cell Phone:	
Other Info. or Phone Numbers:			

### Emergency Contact #2 (other than your spouse)

Name:		Relationship:	
Home Phone:	Work Phone:	Cell Phone:	
Other Info. or Phone Numbers:			

## Pet Information

Name:		Sex:	Spayed or Neutered?	Apx. Weight:
Age:	Birthday (or the day you celebrate it):		Microchip# if applicable:	
Breed(or if mixed, main breed):			Color(s):	
Where did you get your dog? <input type="checkbox"/> SHELTER <input type="checkbox"/> BREEDER <input type="checkbox"/> PET STORE <input type="checkbox"/> FRIEND <input type="checkbox"/> OTHER				
When did you get your dog?			How old was he/she at the time?	
At what age was your dog spayed or neutered (if you know)?				

## Medical Information

Veterinarian Name:		Address:		
City:		Zip:	Phone:	
Any allergies:		If yes, please list:		
Is your dog on heart worm preventative?			Which kind:	
Is your dog on flea/ tick control?			Which kind:	
Is your dog on any medications (besides heartworm preventative and flea/tick control)?				
Does your dog have any physical limitations? i.e. blind, deaf, arthritis, etc. If so, please list:				
Has your pet ever suffered from seizures? <input type="checkbox"/> Yes <input type="checkbox"/> No   If yes, please describe the frequency, severity, cause, behaviors to look for, etc.				

What type (and brand) of food do you feed your dog?

When do you feed your dog?       A.M.    Lunch    P.M. **OR**    ALLOW TO FREE FEED

Any dietary restrictions?

Are there any previous injuries, medical issues or medical conditions that our staff should be aware of?

**Additional Information**

Please Describe humans in Household:      Adults: \_\_\_\_\_ Male(s)      \_\_\_\_\_ Female(s)

Children: \_\_\_\_\_ Male(s)(Ages: \_\_\_\_\_)      \_\_\_\_\_ Female(s) (Ages: \_\_\_\_\_)

Please describe other pets in household:

Species/Breed	Age	Male/Female	Intact or Spayed/ Neutered	Name
1).				
2).				
3).				

Has your dog ever been in daycare before?

If so, where?

Has your dog had obedience training?	If so, where?
Is your dog house trained?	Crate trained?
What commands do you use?	
Are there commands your dog needs to work on?	

Can your dog have treats (usually dog biscuits) while at Playful Pups Retreat?

Does your dog play with toys? If so, what are his/her favorites?

Has your dog ever played with other dogs:     YES     NO

Is your dog frightened of any certain noises or actions?    YES     NO      If yes, please explain:

Does your dog fear or dislike any specific types of people or other dogs?    YES     NO    If yes, please explain:

Is your dog socialized with both men and women?    YES     NO

Is your dog “mouthy” or does he nip at you?

How does your dog react to strangers or new dogs?

Has your dog ever growled at a person?  YES  NO If yes, please explain:

Has your dog ever bitten a person?  YES  NO If yes, please explain:

Has your dog ever bitten another dog (other than in play)?  YES  NO If yes, please explain:

Is your dog **TOY** aggressive with other dogs?  YES  NO with humans:  YES  NO If yes, please explain:

Is your dog **FOOD** aggressive with other dogs?  YES  NO with humans:  YES  NO If yes, please explain:

Has your dog ever climbed or jumped a fence?  YES  NO If yes, how high?

Does your dog exhibit any of the following?

Excessive Barking	YES	NO	Fearful/ Shyness	YES	NO
Jumping	YES	NO	Eating non-food items	YES	NO
Digging	YES	NO	Tugging/pulling on leash	YES	NO
Chewing	YES	NO	Problems being crated	YES	NO
Aggression	YES	NO	Excitement urination	YES	NO
Running away	YES	NO			

How did you hear about Playful Pups Retreat?

WEBSITE  VET  DRIVE-BY  TRAINER  FRIEND  ADVERTISEMENT

Friend's Name:

I certify that this information is correct to the best of my knowledge,

\_\_\_\_\_

(Signature)

**For Internal Use Only:**

	<b>APPROVED FOR GROUP PLAY</b>
	<b>NOT APPROVED, WHY?</b>
	<b>ACCEPT FOR TRIAL PERIOD</b>

**COMMENTS:**