

The Dog Park! Intake Form

Please Print

Owners Name: _____

Address: _____

City _____ State _____ Zip _____

Home Phone: _____ Work: _____ Cell: _____

Email: _____

Emergency contact name/phone: _____

Your Vet: _____ Vet Phone _____

Dogs name: _____ Color: _____ Breed: _____

Sex: Male, Female (Please circle one)

Is your pet Spayed, Neutered, or currently unaltered (intact)? (Please circle one)

Approx. weight _____ DOB/AGE : _____

Is your dog afraid or aggressive toward any dog? Has your dog ever been in a fight or altercation with any dog for any reason? Has your dog ever bitten a person? How does your dog greet dogs?

Is your pet taking any medications? (If so, what are they taking? Dosage?)

Is your pet on a special diet or is treat restricted? Allergies?

Is there anything else we should know about your pet (sensitive to feet/ears being touched, afraid of men/wind/thunder, dislikes water, etc.)?

Would you like to add a bath after boarding for \$10? _____

Shot record verification (Facility use only) R: B: D/H/L/P: