



Client Information: Boarding

Tailwagger New York, Inc. http://tailwaggerny.com
Comprehensive Urban Pet Dog Training and Country Boarding

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Dear prospective client,

Socialized boarding is not for every dog. In order to guarantee each dog's health and physical safety, it is important that we review your dog's social, physical, mental and medical history. Please take your time and fill out this form to help us to evaluate your dog.

Tailwagger NY Inc. reserves the right to refuse any dog!

YOU

Form fields for client information: first name, middle initial, last name, street, apartment, city, state, zip, home phone, work phone, cell phone, fax, e-mail

EMERGENCY CONTACT

Form fields for emergency contact: name, phone

VETERINARIAN

Form fields for veterinarian: name, phone

DESIRED BOARDING DATES

Form fields for boarding dates: start date, time () am () pm, end date, time () am () pm

YOUR DOG

Form fields for dog information: pet's name, date of birth

Form fields for dog information: breed, weight, color

Form fields for dog information: () male, () female, () unaltered, () spayed, () neutered

Form fields for dog information: How old was your dog when he/she was spayed or neutered?, How old was your dog when you acquired him/her?

Form field for dog information: Where did you obtain your pet?

Your pet is: (please check all that apply)

- () Allowed to run free in your home.
() Allowed to run in a fenced yard.
() Leash walked only.
() Outside unleashed but supervised.

Does your pet have any pre-existing medical conditions?

Yes

No

If yes, please list:

Is your pet taking heartworm preventative?

Yes

No

Is your pet taking any other medication?

Yes

No

If yes, please list:

Please list flea/tick preventative products your pet is using:

How many times you walk your dog per day?

Please list number of walks, length of walks, and approximate time of each walk:

What toys do you provide to your pet?

What is your pet's favorite toy?

Is your dog possessive of any toys, food, object or location of your home?

If yes, please explain:

Would your dog drop an object if asked or allow you to take it from him/her?

What brand of dog food do you feed your dog?

How often and how much is your dog fed?

What treats do you give your dog?

How does your pet react when strangers enter you home/yard?

.....

Out in public?

.....

Has your dog ever bitten anyone? If yes, under what circumstances?

.....

.....

If yes, what kind of bite?

Scratch

Puncture

Multiple

How does your dog react when dog approaches your home/yard out in public?

.....

If out in public how he react on leash and off-leash? Describe:

.....

Has your dog ever bitten any other dog?

Yes

No

If yes, under what circumstances?

.....

Is your dog afraid of any type of dog?

Yes

No

If yes, please explain:

.....

Does your dog routinely show dominance or aggression with certain types of dogs?

Yes

No

If yes, please explain:

.....

Are you afraid of any type of dog?

Yes

No

.....

Does your dog play off-leash with other dogs?

Yes

No

Please describe:

.....

Are you afraid of your dog?

Yes

No

If yes, please explain:

.....

Can you roll him on his back?

Yes

No

If not, please explain:

.....

Can you lean over him and rub his chest when he is on his back? Yes No

Can you take his dish away or put something in his dish while eating? Yes No

If not, please explain:

Is there any body part that your dog will not let you touch? Yes No

If yes, please explain:

Are there any other animals in your household? Yes No

Please list:

Species	Name:	Breed	Sex	Age
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How does your pet get along with these animals?

Training history *(please check all that apply)*

- No training
- Trained yourself
- Puppy kindergarten
- Group classes basic
- Group classes advanced
- Private training

Please list obedience titles and awards.

Does your dog respond to verbal commands?

Please Check

	Always	Usually	Needs work	Does not respond
Name	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Stay/wait	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sit	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Down	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Stand	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Come	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Heel	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fetch	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Drop it	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

