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## **OWNER INFORMATION**

Name:				
Address:				
City:	Postal Code:			
Phone (Home):	(Cell):			
e-mail:				
Emergency contact:				
Name:				
Phone:				
DOG INFORMATION				
Name:	Age/Birth Date:			
Breed:	Sex:			
Name of Vet:	Phone:			
Is your dog vaccinated? *	Is your dog neutered/spayed?			
* Please provide a copy of current vaccina cover distemper, hepatitis and parvovirus	tions certificate - including Rabies, PHP core vaccines - which - and Kennel Cough.			
Is your dog on a preventative flea and para	our dog on a preventative flea and parasite program? If "yes", please advise what			
nroduct vou are using:				

## **DOG INFORMATION** (continued)

empera	ament and behaviour of your dog (behaviour towards stran	ngers, children, dogs, o	
las your	dog had any formal obedience training? What command	s does your dog know	?
las your	dog had any formal obedience training? What command	s does your dog know	?
		s does your dog know	?
Jas your	ur dog:	s does your dog know	?
oes you		s does your dog know	?
oes you	ur dog: Jump, climb fences or try to escape confined areas?	s does your dog know	?
oes you a. b.	ur dog:  Jump, climb fences or try to escape confined areas?  Exhibit separation anxiety?  Nip or bite?	s does your dog know	?
oes you a. b. c.	ur dog:  Jump, climb fences or try to escape confined areas?  Exhibit separation anxiety?	s does your dog know	?
b. c. d.	Jump, climb fences or try to escape confined areas?  Exhibit separation anxiety?  Nip or bite?  Dig?	s does your dog know	?

## **DOG INFORMATION** (continued)

5.	Feeding instructions:					
	a.	Amount of food per feeding:				
	b.	Number of feedings per day:				
	C.	Medication requirements (if any):				
MA	AKE SURE Y	OU BRING THE FOLLOWI	NG ITEMS WHEN DROP	PING OFF YOUR DOG:		
	- Collar		- Leash			
	- Food		- Brush			
	- Bed/Cra	ate (if used regularly)	- Treats/Toys (optior	nal)		
	NOTE: Food/Water Bowls are provided.					
TE	RMS AND	CONDITIONS (please r	ead and sign below)			
bec Dog	comes ill or it g Retreat ma	the state of the animal's h	ealth otherwise requires p veterinarian of its choosing	ood Dog Retreat. If your pet rofessional attention, Maplewood , administer medicine, or give other by owner.		
	plewood Do dical conditi	•	for the loss of a pet due to	o natural causes and/or pre-existing		
 Sigı	nature of pet	t owner	 Date			