

**DOGS RULE  
RESORT**  
All Inclusive Canine Resort



## Client Information

Name: \_\_\_\_\_ Today's Date: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: (Home) \_\_\_\_\_ (Work) \_\_\_\_\_

(Cell/Pager) \_\_\_\_\_ Driver's License #: \_\_\_\_\_

Email Address: \_\_\_\_\_

Others Authorized to Pickup Your Pet: \_\_\_\_\_

Veterinarian Name: \_\_\_\_\_

Clinic Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_

Phone: (Home) \_\_\_\_\_ (Cell) \_\_\_\_\_

How did you hear about us?  Mailer  Phone Book  Billboard  Website

Networking Event  Saw Car/Van  Referral: \_\_\_\_\_

Other: \_\_\_\_\_

Thank you for trusting us with your pets!

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## Dog Information

Dog Name: \_\_\_\_\_ Breed: \_\_\_\_\_

Color: \_\_\_\_\_ Weight: \_\_\_\_\_ Birth date: \_\_\_\_\_

Sex: \_\_\_\_\_ Spayed/Neutered: \_\_\_\_\_ Heat Date, if not spayed: \_\_\_\_\_

Has your dog been in daycare before? \_\_\_\_\_

If yes, when and where? \_\_\_\_\_

Has your dog been socialized with other dogs? \_\_\_\_\_

Has your dog been around strangers? \_\_\_\_\_

Does your dog prefer: **MEN WOMEN BOTH**

Has your dog ever been aggressive around people? \_\_\_\_\_

Is your dog aggressive towards other animals? \_\_\_\_\_

Have you ever worked with an obedience trainer? \_\_\_\_\_

Has your dog ever been abused? \_\_\_\_\_

Does your dog need to be separated from his/her sibling when fed? \_\_\_\_\_

What brand of food do you feed your dog? \_\_\_\_\_

Feeding Instructions (Please circle): **Once Per Day AM or PM OR Twice Per Day**

Is your dog allowed to have dog biscuits? \_\_\_\_\_

Does your dog have any allergies? (food, grass, etc.) \_\_\_\_\_

Please list any current medical problems: \_\_\_\_\_

\_\_\_\_\_

Please list any current medications: \_\_\_\_\_

\_\_\_\_\_

Please list any additional information: \_\_\_\_\_

\_\_\_\_\_

Please circle any that apply to your dog:

Chews

Stool Eater

Separation Anxiety

Escape Artist

Digs

Barks Too Much

High Jumper

Shy

Disobedient

Possessive of Toys

Possessive of Owner

Soils in the House

Food aggressive

Picky Eater

Fear of Thunderstorms

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