



Hattie's Doggie Day Care & Boarding Customer Information Form

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North Canton, Ohio 44720
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Twinsburg, OH 44087
Phone: (330) 405-0624
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Owner Information

Name: _____ Spouse: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone (home): _____ (work): _____ (cell): _____

E-mail: _____ Preferred contact method? _____

How did you hear about us? _____

Is there any other person that is authorized to pick up your pet? _____

Dog Information

Canine Name: _____

Breed: _____ Color: _____ Weight: _____ Age: _____

Male Female Spayed/Neutered: Yes No

Has your dog been to a Doggy Day Care or been Boarded? Yes No

If yes, what was the past experience like for your dog? _____

How long have you had your dog and from where? _____

Is your dog crated or confined at home in any way and how? _____

Dog Behavior Questions

Is there any Person, type of Dog or Situation your dog is uncomfortable with Yes No

Explain: _____

Has your dog ever growled or bit another person or dog? _____

Has your dog jumped a fence or other barriers? Yes No

Can you take food away from your dog without them growling? Yes No

Are there any areas on your dog's body where he/she does not like to be touched by humans? Yes No

If yes, where? _____

Has your dog been socialized with a large group of dogs before (10 or more)? Yes No

Are there any restrictions that need to be placed on your dog's activities? Yes No

Please explain: _____

Please tell us anything extra that you feel is important to know while your dog is visiting with us. Examples would be related to anxiety, obedience, territorial, behavior and special accommodations:

Feeding

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

How many times per day do you feed your dog? _____

What time(s) do you feed your dog? _____

How much per feeding does your dog receive? _____

Do you leave food out for your dog until it is gone or pick it up after a certain amount of time?

Does your dog receive treats? Yes No

If yes, about how many per day and when: _____

Additional comments for feeding instructions: _____

Medical Information

Does your dog have any allergies or other medical problems? If yes, please explain:

Does your dog take medication on a regular basis? Yes No

If yes, what is the Medication: _____ Time(s): _____

Has your dog ever had any surgeries? If yes, please explain and list any physical limitations:

Vet Information

My Veterinarian: _____

Phone: _____

In the event of an emergency, whom should we contact(s) if you are unavailable?

Name _____ Number _____ Relationship _____

Name _____ Number _____ Relationship _____

By signing below I authorize the contact listed above to make medical decisions regarding my pet in my absence.

Signature: _____ Date: _____