

# Hattie's Doggie Day Care & Boarding Owner's Information Form



2778 Greensburg Road. Suite A  
North Canton, Ohio 44720  
Phone: (330) 899-8565  
Fax: (330) 899-8641

18200 Brookpark Road, Suite A  
Cleveland, OH 44135  
Phone: (216) 999-7352  
Fax: (216) 999-7355

7996 Darrow Road. Suite 40  
Twinsburg, OH 44087  
Phone: (330) 405-0624  
Fax: (330) 732-2551

## Owner Information

Name: \_\_\_\_\_ Spouse: \_\_\_\_\_

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

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

Phone (home): \_\_\_\_\_ (work): \_\_\_\_\_ (cell): \_\_\_\_\_

E-mail: \_\_\_\_\_

What is the best way to contact you? \_\_\_\_\_

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: \_\_\_\_\_ Age: \_\_\_\_\_

Male  Female Spayed/Neutered:  Yes  No

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

## Dog Behavior Questions

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

Explain: \_\_\_\_\_

How long have you had your dog? \_\_\_\_\_

Has your dog ever growled or bit another person or dog? \_\_\_\_\_

Will your dog share toys with other dogs?  Yes  No

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

Any restrictions that need to be placed on your dog's activities?  Yes  No

Please explain: \_\_\_\_\_

### **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: \_\_\_\_\_

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

\_\_\_\_\_

### **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: \_\_\_\_\_