

How did you hear about The Woof Room?	
Client Information	
Owner's First Name	
Owner's Last Name:	
Street Address	
Address Line 2	
	State Zip Code
Home Phone	Cell Phone
Work Phone	Email
Emergency Contacts	
These should be people authorized to pick up your dog and mo	ake decisions regarding care if you cannot be reached.
Name_	Phone
Name	Phone
Guest Information	
Dog's name	Date of birth (if known)
Dog's primary breed	
	Approximate weight
Is your dog spayed or neutered?	
Brand of food and feeding instructions	
	dication, or other)
Veterinary & Medical Information	
Vet/Clinic Name	Phone
Is your dog on any medications? Yes No	
Instructions for medications	

Describe any health/medical issues we need to be aware of
Are there any restrictions on your dog's activities or movements?
In the event of a time-sensitive emergency, may we take your dog to another vet? Yes No
Help us get to know your dog!
How long have you owned your dog?
Is your dog friendly to other dogs and enjoy being around them?
Has your dog had any obedience training?
What commands does your dog know at this time?
How does your dog react when somebody else or another dog tries to take food or toys away from him?
Does your dog climb? Yes No Unsure
Does your dog jump fences? Yes No Unsure
Does your dog jump on you or others? Yes No Unsure
Is there anything your dog is afraid of?
How does your dog react to puppies?
How does your dog react to strangers?
Has your dog been boarded or attended daycare in the past 2 years? Yes No Unsure
Does your dog have any behavioral issues that we need to be aware of?
Why are you looking for a new daycare?
Is there anything else you would like us to know about your dog?

Please include a picture of your dog with this form. Thank you!