



Dog Application Form

Owner's Name: _____

Spouse's Name: _____

Address: _____ Postal Code: _____

Home Phone: _____ Work Phone: _____

Cell Phone: _____ Email: _____

**Where to reach you while you are away: _____

EMERGENCY CONTACT -----

This is the person to contact if you or your spouse cannot be reached. This person is also able to make emergency decisions and/or pick up the dog.

Emergency Contact: _____ Relationship To You: _____

Address: _____

Home Phone: _____ Work Phone: _____

Cell Phone: _____ Email: _____

VETERINARIAN INFORMATION -----

Veterinarian's Name: _____

Name of Hospital or Clinic: _____

Address: _____

Phone: _____ After Hours/Emergency Phone: _____

Maximum amount of money to spend in case of emergency and we cannot reach you \$ _____
or

Instructions: _____

PET INFORMATION -----

Pet's Name: 1st _____

2nd _____

Age or Date of Birth: _____

Breed: _____

Sex : Male Female Spayed/Neutered: Yes No

Colour/Markings: _____

License # _____ Tattoo: _____ Microchip: _____

Please bring in your current vaccination records

Do you use a flea/tick treatment? (If so which kind?) _____

At 4Paws Country Club we understand the level of pet care because we are pet parents too. We cuddle our pets at bedtime and sign their names on holiday cards. Please write a few lines, good or bad that you would like us to know about your best friend that will give us a better understanding for his/her care.

How long have you owned your dog? _____

Have you owned your dog since he/she was a puppy? Yes No

Has your dog been to a board facility before? Yes No

If yes, explain any problems or concerns associated with the use of such facility: _____

What do you do with your dog when you are not at home? _____

How would you explain the personality type of your dog? _____

Has your dog been socialized with other dogs? Yes No

Have you visited off leash parks? Yes No

Any issues with that environment? _____

Has your dog shown aggression towards other people? Yes No

If yes, please explain: _____

Has your dog ever bitten a person hard enough to break the skin? Yes No

Explain the circumstances and cause if known: _____

Has your dog ever been involved in an altercation with another dog? Yes No

Do you know what caused the altercation? _____

Were there injuries sustained by either dog and what were they? _____

Is there anything specific that makes your dog upset? _____

Has your dog ever reacted negatively when someone took away food or toys? Yes No

If yes, please explain: _____

Does your dog require to be fed during the day? Yes No

If yes, provide feeding times and portion amounts (ie cup size): _____

***Please provide an ample amount of your dog's food in a sealable container
when dropping your dog off***

Does your dog have any specific dietary restrictions? Please list and explain: _____

Is your dog allowed snacks/treats? Yes No

Does your dog have a reaction to (please check):

Rawhide _____ Dog Bone Treats _____ Pigs Ears _____ Greenies _____

Does your dog have any allergies/sensitivities that we should know about? Yes No
(ie. bees, pollens, grasses, bug bites, weeds etc). If yes, please explain:

Does your dog need to be given any medication? Yes No

If yes, please give instructions (time of day, dosage, application method): _____

Has your dog been sick lately? Yes No

If yes, please explain: _____

Is your dog comfortable on a leash? Yes No

Is your dog known to be an escape artist? Yes No

If yes, please explain: _____

Does your dog have any problems in the following areas : (please check all that apply)

<input type="checkbox"/> Barking	<input type="checkbox"/> House training	<input type="checkbox"/> Digging
<input type="checkbox"/> Chewing, destructiveness	<input type="checkbox"/> Separation anxiety	<input type="checkbox"/> Jumping/climbing

Does your dog have difficulty seeing or hearing? Yes No

If yes, please explain: _____

Describe your dog's activity level and /or any restrictions that should be monitored: _____

Is your dog easily scared by anything? (ie: noises, actions, smells etc)? Yes No

If yes, please explain: _____

Is there any particular type of person your dog is wary of? Yes No
(ie gender, children, people in uniform)

If yes, please explain: _____

Has your dog had formal obedience training? Yes No

What commands does your dog understand? _____

Does your dog respond to his/her name when called? Yes No

Does your pet become unreasonably anxious when he/she is left alone? Yes No

Does your dog know any hand signals? Yes No

If yes, please explain: _____

Does your dog have a release word? Yes No

If yes, please explain: _____

What is your dog's favourite thing to do? _____

Does he/she like to be petted, brushed, loved? Yes No

Please explain: _____