

# HOUSE OF DOG



## HOUSE OF DOG RETREAT & SPA, LLC APPLICATION FORM

How did you hear about House of Dog Retreat & Spa, LLC? \_\_\_\_\_

Your Name: \_\_\_\_\_

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

Home Phone ( ) \_\_\_\_\_ Work Phone ( ) \_\_\_\_\_ Cell ( ) \_\_\_\_\_

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

### **If we can't get in touch with you who can we call? Contact)**

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

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

Home Phone ( ) \_\_\_\_\_ Work Phone ( ) \_\_\_\_\_ Cell ( ) \_\_\_\_\_

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

### **Veterinarian:**

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

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

### **PET INFORMATION**

Name: \_\_\_\_\_ Spayed/Neutered Y / N

Age: \_\_\_\_\_ Birthday: \_\_\_\_\_ Breed: \_\_\_\_\_ Color: \_\_\_\_\_

Weight: \_\_\_\_\_ Micro Chip Y / N # \_\_\_\_\_ Sex: M / F Feeding Schedule: \_\_\_\_\_

Brand and Type of Food: \_\_\_\_\_

Is your dog allowed to have treats? Y / N If yes, what type \_\_\_\_\_

How long have you had him/her? \_\_\_\_\_

Are there any other animals in the household? (Species/ Breed / Age) \_\_\_\_\_

Please describe your dog's overall temperament: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

How does your dog react to other dogs? (Generally) \_\_\_\_\_

Has your dog ever participated in play at a dog park? Y / N If yes, how did he/she react with the other dogs? \_\_\_\_\_

How does your dog react to strangers? \_\_\_\_\_

Does your dog have any kinds of people he/she automatically fears or dislikes? Y / N

If yes, describe: \_\_\_\_\_

Does your dog have any kinds of dog that he/she automatically fears or dislikes? Y / N

If yes describe: \_\_\_\_\_

Has your dog ever bitten someone? Y / N If yes, describe: \_\_\_\_\_

Has your dog ever been in a fight or bitten another dog? Y / N

If yes, describe: \_\_\_\_\_

Has your dog ever escaped or attempted to escape by digging/jumping or climbing fences? Y / N

If yes, describe: \_\_\_\_\_

Does your dog jump on people? Y / N If yes, describe: \_\_\_\_\_

Do you walk your dog? Y / N How often? \_\_\_\_\_ Distance? \_\_\_\_\_

What other exercise does your dog receive? \_\_\_\_\_

What known behavioral problems does your dog have? \_\_\_\_\_

Does your dog have a circumstance or situation that he/she is frightened of? Y / N

If yes, describe: \_\_\_\_\_

Describe how you would calm the dog during this situation: \_\_\_\_\_

Is your dog housebroken or crate trained? \_\_\_\_\_

Does your dog play with toys? Y / N What kind \_\_\_\_\_

\_\_\_\_\_

Is your dog toy possessive? Y / N Describe: \_\_\_\_\_

\_\_\_\_\_

Has your dog shared toys/food/water with other dogs before? Y / N

Where there any problems \_\_\_\_\_

Has your dog ever played on playground or agility equipment before? Y / N

Do you feel that play equipment would be inappropriate for your dog? Y / N

Describe: \_\_\_\_\_

Has your dog ever received any formal training? Y / N Where and When? \_\_\_\_\_

\_\_\_\_\_

Does your dog know any commands? Y / N Describe: \_\_\_\_\_

\_\_\_\_\_

What do you do with him/her when you leave the home? \_\_\_\_\_

\_\_\_\_\_

How does he/she react when you get home? \_\_\_\_\_

\_\_\_\_\_

Does your dog have any health concerns that you are aware of? Y / N

Describe: \_\_\_\_\_

\_\_\_\_\_

Does your dog have any medical restrictions on his/her activities? Y / N

Describe: \_\_\_\_\_

\_\_\_\_\_

Is your dog currently on any medication? Y / N

Describe: \_\_\_\_\_

\_\_\_\_\_

Does your dog have any allergies? Y / N

Describe: \_\_\_\_\_

\_\_\_\_\_

Does your dog like to receive brushings? Y / N How often is he/she brushed? \_\_\_\_\_

How does your dog react to getting his/her nails clipped? \_\_\_\_\_

Does your dog have any areas on his/her body that he/she does not like to be touched? Y/N

Describe: \_\_\_\_\_

\_\_\_\_\_

Does your dog have a special place that he/she likes to be petted or rubbed? Y / N

Describe: \_\_\_\_\_

\_\_\_\_\_

Does your dog receive flea and tick preventative? Y / N

Brand: \_\_\_\_\_ Type: \_\_\_\_\_ Frequency: \_\_\_\_\_

Is there anything else that you believe we should know about your dog? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

When would you like to start? \_\_\_\_\_