

2nd Dog Application

Date: _____

Dog's name _____

Age: _____ Sex: _____

Breed: _____ Color: _____

Special markings: _____

Spayed/Neutered? Yes No

Allergies? _____

Medical conditions? _____

Ever had a seizure? Yes No

Medication while boarding: _____

Feedings: Owner supplied Dog Trotters food

Morning: _____

Afternoon: _____

Evening: _____ How much? _____

Special instructions: _____

Aggression issues: Yes No

If yes, please explain _____

Ever jumped a fence or barrier? Yes No

Is there a person, dog or a situation that your dog has a problem with? Yes No

If yes, please explain _____

Has your dog ever bit a person or another dog? Yes No

If yes, under what circumstances? _____

Will your dog readily share toys with other dogs? Yes No

Has your dog ever socialized with a group of dogs? Yes No

Is your dog afraid of any specific item or noise? Yes No

If yes, what? _____

Are there any areas on your dog's body where they do not like to be touched? Yes No

If yes, which areas? _____

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

If yes, what activities? _____

Is there anything else you would like us to know? _____

Anyone else who can pick up your dog? _____

Please provide a copy of your dog's current vaccination record.

Signature of owner: _____

Printed name: _____

Date: _____