

Dog Trotters Day Camp & Boarding Application

Today's date: _____

Pet Parent Info:

Name: _____

Address: _____

Phone #'s _____

Email: _____

Emergency contact: _____

Vet Info: _____

Pet Info:

Name: _____

Age: _____ Sex: _____

Breed: _____ Color: _____

Special Markings: _____

Spayed/Neutered? Yes No

Allergies? _____

Medical Conditions? _____

Ever have a seizure? Yes No

Medication while boarding: _____

Feedings: Owner supplied Dog Trotters food

Morning: _____

Afternoon: _____

Evening: _____

Special Instructions: _____

Aggression issues: Yes No
If yes, please explain _____

Ever jumped a fence or barrier? Yes No

Is there a person, dog or situation your dog has a problem with? Yes No
If yes, please explain _____

Has your dog ever bit another person or dog? Yes No
If yes, what circumstances _____

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

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

Is your dog afraid of any specific items or noises? 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? _____

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: _____

Print name: _____

Date: _____