



GUEST INFORMATION

PLEASE PRINT CLEARLY

DOG'S NAME _____ D.O.B. _____ WEIGHT _____

BREED(S) _____ COLOR _____ AGE _____

Male Female Spayed Neutered Microchipped # _____

ADOPTED FROM A BREEDER OR ANOTHER FAMILY AT _____ WKS/YEARS

RESCUED FROM _____ AT _____ WKS/YEARS.

PLEASE PROVIDE ANY BACK HISTORY, IF KNOWN _____

GUARDIAN #1 _____ CELL PHONE _____

EMAIL _____ @ _____

GUARDIAN #2 _____ CELL PHONE _____

EMAIL _____ @ _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

HOW DID YOU FIRST HEAR ABOUT GINA'S DOGGIE DEN?

HAS YOUR DOG EVER BEEN TO A CANINE DAYCARE OR BEEN BOARDED? YES/NO _____

IF YES, WHERE? _____

DESCRIBE YOUR DOG'S EXPERIENCE THERE _____

IS THERE ANY PERSON, TYPE OF DOG, OR SITUATION THAT CAUSES YOUR DOG TO BE REACTIVE OR UNCOMFORTABLE (BARKS, LUNGES, HIDES FROM, ETC.)? YES/NO _____

IF YES, PLEASE EXPLAIN _____

WHAT IS YOUR DOG'S ACTIVITY LEVEL? _____ LOW _____ MEDIUM _____ HIGH
DOES YOUR DOG'S ACTIVITY LEVEL NEED TO BE RESTRICTED IN ANY WAY? YES/NO _____

IF YES, PLEASE EXPLAIN _____

HAS YOUR DOG EVER GROWLED OR BIT ANOTHER PERSON OR DOG? YES/NO _____

IF YES, PLEASE EXPLAIN _____

CAN YOU TAKE FOOD AWAY FROM YOUR DOG WITHOUT GROWLING? YES/NO _____

DOES YOUR DOG GET ALONG WITH OTHER DOGS HE/SHE DOESN'T KNOW? YES/NO _____

EXPLAIN _____

IS YOUR DOG FULLY HOUSE TRAINED (GOES OUTSIDE WITH NO ACCIDENTS)? YES/NO _____

IF NOT PLEASE CHECK WHICH APPLIES _____ GOES ON PUPPY PADS
_____ HAS OCCASSIONAL ACCIDENTS
_____ GOES IN THE HOUSE OFTEN

HOW OFTEN DO YOU TAKE YOUR DOG OUTSIDE TO TOILET? _____ TIMES A DAY

DOES YOUR DOG URINATE/DEFECATE OR VOMIT RIDING IN A CAR? YES/NO _____

DESCRIBE YOUR DOG'S BEHAVIOR WHILE RIDING IN A CAR (e.g. lies down, barks, etc.)

HEALTH CONDITIONS/CONCERNS, ALLERGIES (especially to food, please describe the reaction)

WHAT ARE YOUR DOG'S BEST TRAITS, FAVORITE PASTIMES AND THINGS TO DO, ETC.?

PLEASE CHECK ANY BEHAVIORS THAT APPLY and EXPLAIN ON LINES (check all that apply)

Well-Behaved Friendly Affectionate Playful Digger Jumper

General Anxiety and/or Separation Anxiety - Describe behavior _____

Guards Food/Toys Pushy Timid/Submissive Independent/Confident

Steals/chews things like shoes, paper, counter surfs, etc. _____

Dog Aggressive Human Aggressive Stranger fearful Dog fearful

Other _____

IS YOUR DOG COMFORTABLE . . . (check all that apply)

Hugs/Cuddles Being brushed Rubdowns with towel Being petted Getting wet

DOES YOUR DOG HAVE A FAVORITE TOUCH SPOT(S)? _____

ARE THERE AREAS ON YOUR DOG'S BODY WHERE HE/SHE **DISLIKES** BEING TOUCHED?

DOES YOUR DOG DO STAIRS? . . . (check all that apply)

Does not do stairs at all

Will do stairs

Can go **up** only 2-3 stairs

Will go **up** a flight of stairs

Can go **down** only 2-3 stairs

Will go **down** a flight of stairs

IF YOU CHECKED THAT YOUR DOG WILL DO STAIRS, WHAT KIND? (check all that apply)

Carpet

Wooden

Linoleum

Ceramic Tile

Concrete

Rod Iron

Open Stairs (able to see between steps) Closed Stairs

PLEASE INCLUDE ANY THINGS ELSE YOU WANT US TO KNOW

FOR QUESTIONS OR CONCERNS, CALL OR TEXT

GINA DIAS AT 440-502-7110

