

**Alternative Dog Daycare & Learning Center**  
**57 Bear Hill RD**  
**Merrimac, MA 01860**  
**Phone: 978-346-7266 / Toll Free 877-DOG-PAWZ**  
**www.alternativedog.com**

<p><b>Dog Owner(s):</b> _____</p> <p>Address: _____</p> <p>City: _____</p> <p>State/Zip: _____</p> <p>Phone: _____</p> <p>Work Phone: _____</p> <p>Cell Phone: _____</p> <p>Email: _____</p> <p><b>How did you hear of us?</b> _____</p>	<p><b>EMERGENCY CONTACT:</b></p> <p>Name: _____</p> <p>Phone : _____</p> <p>Work Phone: _____</p> <p>Cell Phone: _____</p> <p><b>YOUR VETERINARY CLINIC:</b></p> <p>Vet's Name : _____</p> <p>Address: _____</p> <p>Phone: _____</p>
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**YOUR DOG'S PROFILE:**

Dog's Name \_\_\_\_\_ Sex \_\_\_\_\_ Spayed / Neutered? YES/NO

Breed(s) \_\_\_\_\_ Birthdate/Age \_\_\_\_\_ Children in house? Ages: \_\_\_\_\_

Mouthy or grab at your: YES/NO Explain: \_\_\_\_\_ House Broken: YES/NO

Whines- Barks alot: YES/NO / What triggers: \_\_\_\_\_ Dog Food Brand: \_\_\_\_\_

Any Medications: YES/NO - For what: \_\_\_\_\_ How often? \_\_\_\_\_

Past injuries or any current problems: \_\_\_\_\_

Digger: YES/NO - Frightened by noises / objects / People: Explain: \_\_\_\_\_

\_\_\_\_\_

Any problems when someone takes food or toys: \_\_\_\_\_

Share's toys: \_\_\_\_\_ Favorite toys: \_\_\_\_\_

Get along well with other dog's / pups / cats: YES/NO: Explain: \_\_\_\_\_

Prefer to play with specific breed or size of dog? Male vs Female: \_\_\_\_\_

Obedience trained: YES/NO - Commands: \_\_\_\_\_

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Does he/she know German Commands: YES/ NO

Would you be interested in taking obedience classes at the daycare? YES/ NO

Does your dog have a bathroom command: \_\_\_\_\_

Any sensitive area's on the body? \_\_\_\_\_

Favorite Petting spots: \_\_\_\_\_

Reaction to stranger's: \_\_\_\_\_

Rate your dog's energy level "1" being very mellow and "10" being uncontrolled:

Destructive behaviors when you are not home: YES/NO

Aggressive on leash" YES/NO \_\_\_\_\_ Off leash: YES/NO: \_\_\_\_\_

Jump on you or other's: YES/NO

Growls: YES/ NO A play growl or a warning growl: \_\_\_\_\_

Has your dog ever bitten anyone: YES/ NO Explain: \_\_\_\_\_

Ever jumped or climbed over a fence? \_\_\_\_\_ YES/NO - What height: \_\_\_\_\_

Please indicate anything else about your dog's habits, likes, dislikes or behavior that would be useful to us in providing care for your dog:

You may mail, drop-off, email or fax this form to 978-346-7248