

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>Dog Owner(s): _____</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>How did you hear of us? _____</p>	<p>EMERGENCY CONTACT:</p> <p>Name: _____</p> <p>Phone : _____</p> <p>Work Phone: _____</p> <p>Cell Phone: _____</p> <p>YOUR VETERINARY CLINIC:</p> <p>Vet's Name : _____</p> <p>Address: _____</p> <p>Phone: _____</p>
--	--

YOUR DOG'S PROFILE:

Dog's Name _____ Sex _____ Spayed / Neutered? YES/NO

Breed(s) _____ Age _____ Children in household? Yes/NO 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: _____

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

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 978-346-7266