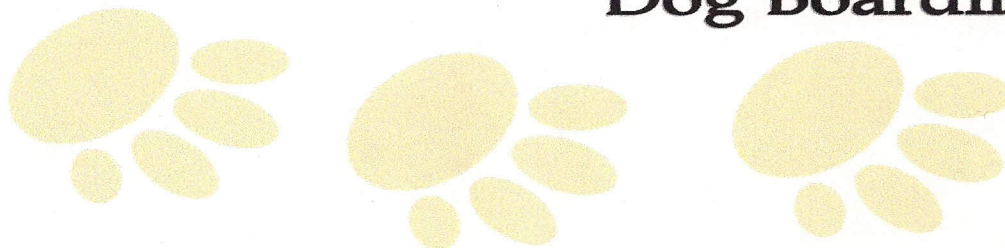




Happy Tails Dog Resort, LLC

Dog Boarding



Client Information Record

Date _____

Owner(s) _____

Address _____

City/State/Zip Code _____

Home Phone _____ Cell Phone _____

May we have your Email Address? _____

Emergency Contact _____

(In the event of an Emergency we require an alternate contact if we can not reach you)

Other Person(s) authorized to pick up pet(s)

(Pet will not be released to anyone other than the Owner without specific permission)

Name and Phone 1) _____

2) _____

How did you hear about us? _____

(Happy Tails Dog Resort Notes)

A Place Where Tails come to Wag!

www.happytailsdogresort.com ~ 8190 Brakeman Rd., Painesville, OH 44077 ~ P: 440-525-1320

Guest Information
(Print out this form for each dog)

Name _____ Breed _____ Sex _____
Birth date _____ Neutered/Spayed _____ Color _____ Weight _____
Dog License No. _____ County _____
Vet Name _____ Phone No _____
Address _____
Dates of Inoculations: DHLPP _____ Rabies _____ Kennel Cough _____
Is your dog on Flea Medication _____ Brand _____
Is your dog on Heartworm Medication _____ Brand _____
Are there any restrictions on your dog's activities or movements? _____
Does your dog play well with other dogs? _____
Does your dog have any allergies? List: _____
List any current medical problems: _____
Does your dog have any sensitive areas on his/her body? _____
Does your dog like being brushed? _____ Tricks? _____
What is your dog's favorite petting spots? _____
Are there any kinds of people or other dogs your pet automatically fears or dislikes? _____
Where does your dog spend his/her time at home? (outside, confined to one room, run of the house, etc.) _____
How many times per week is your dog leash-walked outside? _____ How long are the walks? _____
Has your dog ever bitten anyone? What are the circumstances? _____
Is your dog frightened by any noises? _____
Has your dog ever growled or snapped at anyone taking food or toys away? _____
What commands does your dog know? _____
Destructive Chewer _____ Previously Abused _____ Rescued _____
Aggressive _____ Hip Dysphasia/Arthritis _____ Barking _____ Digging _____
Other Special Needs/Comments about your dog that you feel might be helpful? _____
Medications:
Name of Medication _____ How Much _____ How often _____

Feeding Instructions

Brand of Food _____ How much _____
How many times per day _____