



2726 Penn Avenue
Pittsburgh, PA 15222
(412) 566-1083
www.bowwowdoggiedaycare.com

Owner's Information

Name _____
Address _____

Home Phone _____
Work Phone _____
Pager / Cell Phone _____
E-mail Address _____

How did you hear about Bow-WOW Doggie Daycare

Emergency Contact Person

Name _____
Home Phone _____
Work Phone _____

Pet Information

Name _____
Sex _____
Neutered / Spayed? _____
Age / Birthdate _____
Breed & Color _____

Veterinarian _____
Address _____

Phone Number _____

Vaccination Records:

<i>Vaccine</i>	<i>Date Given</i>
DHLPP	_____
Bordatella	_____
Coronavirus	_____
Rabies	_____

Pet Profile

How long have you owned your dog? _____

Where did you get your dog? _____

Please give a brief description of your dog's history?

Do you have any other pets? How many and what kind?

How does your dog get along with your other pets?

Has your dog received any formal obedience training? If yes, when and where?

Obedience titles / awards?

What commands does your dog know and how well?

	<i>Always</i>	<i>Usually</i>	<i>Needs Work</i>
Sit			
Stay / wait			
Down			
Come			
Heel			
Fetch			
Drop it			
Hand Commands			
Other			

How does your dog behave around the following?

	Poor	Fair	Good	Excellent
Children				
Men				
Women				
Male dogs				
Female Dogs				
Puppies				
Cats				

Are there any kinds of people or dogs that your dog automatically fears or dislikes?

How often do you have visitors at your home? _____

How does your dog react to visitors?

How does your dog react to strangers coming into your home or yard?

What does your dog do when you are not home? Is he/she allowed to run free in the home?

Do you walk your dog on a leash? _____

How many times a week is your dog walked? _____

How long are the walks? _____

When on a walk, how does your dog react to other dogs that may be encountered?

Has your dog ever jumped on someone? If yes, what were the circumstances?

Has your dog ever growled at someone? If yes, what were the circumstances?

Has your dog ever bitten someone? If yes, what were the circumstances?

Has your dog ever climbed or jumped over a fence? If yes, how high was the fence and what were the circumstances?

Does your dog have any problems in the following areas? Please describe.

Mouthiness _____
Housetraining _____
Barking _____
Digging _____
Ignoring Commands _____

Is your dog frightened or nervous around anything else? Please describe.

What type of toys does your dog play with? What is your dog's favorite toy?

What kind of games do you play with your dog and his toys?

Has your dog shared toys with another animal? Please describe.

Is your dog possessive of his/her toys, food, or other objects? Please describe.

Have you ever had to get something out of your dogs mouth that you didn't want him to have? Did he drop the object when asked or did he let you take it from him? Please describe the incident.

Does your dog have off leash play with other dogs? If yes, what kind of dogs (breed and size)?

What kind of games does your dog play with other dogs?

Does your dog like to be brushed? If so, how often to you brush your dog?

Does your dog have any preexisting or current health conditions? If yes, please list.

Does your dog have hip dysplasia? If yes, what restrictions need to be placed on your dog's activities and movements?

Does your dog have any allergies? If yes, to what?

Is your dog taking a heartworm preventative? _____

Is your dog on any other medication? If yes, what medication?

What flea / tick preventative products is your dog using? _____

Does your pet have any sensitive areas on his/her body? If yes, where?

Where does your dog like to be petted?

How often do you feed your dog? _____

What is his/her favorite treat? _____

Would you like to add any additional information about your dog?

What is the main reason you have chosen doggie daycare for your dog?
