



Off the Leash Pet Care Enrollment Form

Owner's Information:

Name: _____

Address: _____

Home Phone #: _____ Work #: _____ Cell #: _____

Email: _____

Is it ok to send pictures and updates to this email address? ___Yes ___ No

Emergency Contact: _____ Cell: # _____

List those whom are authorized to pick up your pet:

Name: _____ Cell#: _____

Name: _____ Cell#: _____

All authorized individuals picking up your pet MUST show ID, prior to Off The Leash Pet Care releasing your pet to them

Veterinarian Information:

Clinic Name: _____ Phone#: _____

Address: _____

Pet Information:

Pet's Name: _____ Breed: _____ Weight: _____

Color: _____ Age/DOB: _____ Male ___ Female: ___ Spayed: ___

Neutered: ___

Has your dog ever attended a doggy daycare or boarding facility in the past year? ___

Does your dog know basic commands? ____, if so, what commands do they know?

Is your dog housebroken? _____. Is your dog paper trained? _____

Vaccination Records:

Please list the current expiration dates for the following vaccinations:

Bordetella: _____ (must be administered at least seven (7) days prior to services at Off The Leash Pet Care and three (3) days for nasal vaccinations).

CTV: _____ (Canine Influenza Virus – first shot required)

CIV: _____

DAPP: _____

Rabies: _____

Is your dog on a current flea prevention? _____ (Required for all guests) if so, what is the brand name: _____

Medical History:

Is your dog currently taking medications? _____, if so, what is the name and instruction's **(please remember to bring the actual bottle or tube) All medications will be given as written by the Veterinarian, unless special instructions from the Vet.**

Has your dog been ill in the last 30 days _____, if so, what was the problem? _____

Has your dog displayed any of the following symptoms?

Coughing: _____ Sneezing: _____ Upset Stomach: _____

Does your dog have any previous injuries, physical problems, or health concerns, including allergies? _____

Does your dog have any physical restrictions while playing? _____, if so, please explain

Personality:

Please check all that describes your dog's personality:

Outgoing _____ Timid _____ Affectionate _____ Reserved _____ Protective _____
_____ Feisty _____ Friendly _____ Obedient _____ Aggressive _____ Independent _____
_____ Playful _____ Confident _____ Submissive _____ Clingy _____ Gentle _____

Please check all that describes your dog's attributes:

Biter _____ Climbs _____ Howls _____ Active chewer _____ Barks excessively _____
Likes to heard _____ Low activity level _____ Toy aggressive _____ Food/treat aggressive _____
_____ Separation anxiety _____ Anxious _____ Excessive marking _____
Excessive mounting _____ Coprophagies _____ Other _____

Has your dog every bitten a person or dog? _____, if yes, please explain the situation

I,(we), _____, Understand and hereby acknowledge and agree that all information in this application is complete and accurate to the best of my knowledge. I, (we), further attest that if I, (we), am not the sole owner(s) or representative of the dog subject to this application that my(our) signature is enough to enter this application for and on behalf of any other owner or representative.

Signature:

Date:

Signature:

Date:
