

CANINE FUNTIME LLC

DOG PARK / DOG DAYCARE / CUSTOMER INFORMATION

APPROVED ENTRANCE BY: _____ PHOTOS TAKEN BY: _____

VACCINES APPROVED BY: _____

ENTERED IN DATA BASE BY: _____

ABOUT YOU

NAME _____ DATE _____

ADDRESS _____ CITY _____ STATE _____ ZIP _____

HOME PHONE _____ CELL _____ EMAIL _____

HOW DID YOU HEAR ABOUT US _____

ABOUT YOUR DOG

1) DOGS NAME _____ BREED _____ SEX _____ SPAYED/NEUTERED _____

COLOR OR MARKINGS _____ DOB _____ WEIGHT _____

2) DOGS NAME _____ BREED _____ SEX _____ SPAYED/NEUTERED _____

COLOR OR MARKINGS _____ DOB _____ WEIGHT _____

3) DOGS NAME _____ BREED _____ SEX _____ SPAYED/NEUTERED _____

COLOR OR MARKINGS _____ DOB _____ WEIGHT _____

4) DOGS NAME _____ BREED _____ SEX _____ SPAYED/NEUTERED _____

COLOR OR MARKINGS _____ DOB _____ WEIGHT _____

5) DOGS NAME _____ BREED _____ SEX _____ SPAYED/NEUTERED _____

COLOR OR MARKINGS _____ DOB _____ WEIGHT _____

COMMENTS:

YOUR VETERINARIAN

VETERINARIAN HOSPITAL / DOCTOR NAME _____

PHONE _____ CITY _____ STATE _____

EMERGENCY CONTACT please list two emergency contacts.

NAME _____ PHONE _____ CELL PHONE _____

NAME _____ PHONE _____ CELL PHONE _____

DOG BEHAVIOR INFORMATION

MICROCHIP Y/N IF YES WHAT BRAND AND NUMBER: _____

BORDETELLA VACINATIONS: _____

DHLPP VACINATIONS: _____

RABIES VACINATIONS: _____

MOST RECENT FECAL TEST: _____

HOW LONG HAVE YOU HAD YOR DOG? _____

WHERE DID YOU GET YOUR DOG? _____

IF ADOPTED, DO YOU HAVE KNOWLEDGE OF YOUR DOG'S PAST HISTORY? _____

IF YES PLEASE DESCRIBE: _____

HAS YOUR DOG EVER BEEN WITH A LARGE OFF-LEASH GROUP OF DOGS BEFORE? Y/N

IF YES HOW DID HE/SHE RESPOND? _____

DOES YOUR DOG LIKE CHILDREN? _____

IS YOUR DOG TOY PROTECTIVE? Y/N EXPLAIN IF YES: _____

DOES YOUR DOG HAVE ANY SENSITIVE AREAS ON HIS OR HER BODY? Y/N

IF SO, PLEASE DESCRIBE: _____

WHAT DOES YOUR DOG DO TO SHOW HE/SHE IS HAPPY? _____

HAS YOUR DOG EVER HAD ANY FORMAL OBEDIENCE TRAINING? Y/N

IF SO, PLEASE DESCRIBE: _____

DOES YOUR DOG KNOW ANY HAND SIGNALS? Y/N

IF SO, PLEASE DESCRIBE: _____

DOES YOUR DOG HAVE ANY ALLERGIES? Y/N

IF SO, PLEASE DESCRIBE: _____

PLEASE INFORM US ABOUT ANY MEDICAL CONDITIONS THAT YOUR DOG CURRENTLY EXHIBITS: _____

PLEASE INCLUDE ANY OTHER INFORMATION THAT WOULD BE RELEVANT TO THE CARE AND SAFE PARTICIPATION OF YOUR DOGS USE OF THE PARK: _____

PLEASE HAVE ALL CUSTOMERS ASSOCIATED WITH MEMBERSHIP PRESENT PICTURE IDENTIFICATION AND ATTACH COPY