



# General Information Form

Program: \_\_\_\_\_

Dog's Name: \_\_\_\_\_

### Office Use Only

- Enrollment
- Waiver
- Vaccines
- Neg. Fecal Result

## Owner Information:

Name: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_

Address: \_\_\_\_\_ Home Phone #: \_\_\_\_\_

City, State, & Zip: \_\_\_\_\_ Email: \_\_\_\_\_

## Primary Contact:

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_ Relationship: \_\_\_\_\_

## Secondary Contact:

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_ Relationship: \_\_\_\_\_

Emergency Contact:  Same as above

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_ Relationship: \_\_\_\_\_

## Medical Information:

Veterinarian Info: Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Birthdate: \_\_\_/\_\_\_/\_\_\_ Breed: \_\_\_\_\_ Sex:  Male  Female

Neutered or Spayed:  Yes  No If No, When: \_\_\_\_\_

*(Dogs must be spayed/neutered by the day they turn 7 months in order to continue our Day Camp program.)*

Any Food Allergies:  Yes  No If so, What: \_\_\_\_\_

What treats can your dog have? \_\_\_\_\_

Any Medicine Allergies:  Yes  No If so, What: \_\_\_\_\_

Any Medical Conditions:  Yes  No If so, What: \_\_\_\_\_

Vaccine Due Dates: *(Rabies, Distemper, & Bordetella due per veterinarian's records and fecal exam due yearly)*

Rabies: \_\_\_/\_\_\_/\_\_\_ Distemper: \_\_\_/\_\_\_/\_\_\_ Bordetella: \_\_\_/\_\_\_/\_\_\_ Fecal Exam: \_\_\_/\_\_\_/\_\_\_ *(Within last 6 months)*

*Veterinarian's records that show current immunizations and a negative fecal float exam is required before any dog is allowed to stay at Jax Dog Drop. Bordetella (aka kennel cough) vaccination and a fecal float exam are required at least every 12 months.*

*Protective Flea/Tick treatments are required at all times.*

*I, the under signed, am the legal owner of the above named dog and, to the best of my knowledge, everything I provided above is truthful and accurate. I understand that giving false information could lead to serious injuries and even death. Jax dog drop, Inc. is not liable for any of the dog's medical conditions or their worsening. I authorize the above named veterinarian to release all of the dog's medical records to Jax Dog Drop and its staff.*

Owner's Signature: \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_

Print Name: \_\_\_\_\_

Owner's Signature: \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_

Print Name: \_\_\_\_\_

Client's primary interest in daycare :  convenience  exercise  socialization  boarding

How did you hear about us?  Internet  Social Media  Family/Friend: \_\_\_\_\_  Other

Has your dog attended daycare before?  Jax Redmond  Jax Bellevue  Other  No

If yes, where and how often? \_\_\_\_\_

Reason for leaving? \_\_\_\_\_

Has your dog boarded before?  yes  no

If yes, where and how often? \_\_\_\_\_

Reason for leaving? \_\_\_\_\_

Can your dog jump over a five foot fence?  no  yes  don't know

Is your dog crate trained?  no  yes  don't know

Does your dog have a bite history?  no  yes – has bitten people  yes – has bitten other dogs

Is your dog protective of their food/toys?  no  yes:

Does your dog have any fears or phobias?  no  yes

Does your dog play well with other dogs?  no  yes:

Does your dog accept new people well?  no  yes:

What best describes your dog's personality?

shy  bold  laid back  playful

Where did you get your dog?  breeder  pet store  friend/family  rescue/shelter  other : \_\_\_\_\_

*(If a rescue/ shelter and dog is 10 months or older, must have dog for 3 months before trial day scheduling.)*

When is your dog alone during the day?  all day  partial day  almost never

How often does your dog play/interact with other dogs? \_\_\_\_\_

What type of exercise does your dog get and how often? \_\_\_\_\_

What should we know about your dog? \_\_\_\_\_

### **Current Behavior Problems**

doesn't walk well on a leash  jumps up  runs away  soils indoor areas

chews up things  mouths  bites  barks

gets on furniture  digs  escape artist / jumper  fearful

separation anxiety  is aggressive to dogs  is aggressive to people

other: \_\_\_\_\_

### **Fill Out if Signed up for Training Camp Only:**

**Training Camp Goals** Please let us know the **3 most important training concepts** you would like us to focus on while your dog is in Training C.A.M.P.

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

**Office Use Only:** Reservation taken by: \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_\_

First day scheduled: Date: \_\_\_/\_\_\_/\_\_\_\_ Time: \_\_\_ am to \_\_\_ pm

Added into Mindbody: **Yes or No** Email confirmation sent: **Yes or No**