

| Please print clearly. | Guest's Name: |
|--|---------------------|
| Owner's Name(s): | |
| Address: | Breed/Breed Mix: |
| City: State: Zip: | |
| Phone Numbers: | ☐ Male ☐ Female |
| Home: | ☐ Neutered ☐ Spayed |
| Cell: | Color: |
| Work/Other: | Divide data: |
| Emergency contact: | Birthdate: |
| Relationship to contact: | Weight: |
| E mail: | |
| Veterinarian: | To the |
| Phone: | 1/92 91 |
| Any known allergies i.e. shampoos, perfumes, types of food etc.? | |
| Medical condition: | |

| About Your Pet: | Feeding: | |
|---|---|--|
| What should we know so that we may provide the best care to him/her?: | Brand of pet food both dry and/or canned that you feed at home? | |
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| | | |
| Has your pet been kenneled before?: | Do you raise the food or water levels (higher than the pet's | |
| Any behavioral/medical concerns we should be aware of? | chest level? | |
| | Feeding Schedule: | |
| | How much per serving: | |
| Are there any food possession/toy possession issues? | Once Twice | |
| (Mark all that apply) | □ АМ □ РМ | |
| \square YES, with other animals \square YES, with humans \square NO | Total Daily: | |
| Where did you get your pet? | Do you mix the kibble with canned food or water, if so, how much? | |
| Does your dog jump fences? | Special Instruction? | |
| Has your pet ever been bitten or attacked by another pet or animal? Yes No | | |
| Describe circumstance: | | |
| | | |

| About Your Pet Continued: Does your pet have any fears (thunder, loud noises, vacuum cleaner, etc.): | Do you use a regular flea/tick preventative on your pet? Yes No Brand of Flea/ Tick Prevention: |
|--|---|
| Is there anything that your pet does not like (types of pets, people – male, female, people wearing glasses, uniforms, activities, etc.)? | Does your pet have allergies? If so what are they? |
| Has your pet ever suffered from seizures? Yes No If yes, please describe the frequency, severity, cause for occurrence, behaviors to look for, etc. | MULTI PETS: |
| Has the pet been diagnosed with any medical condition, such as heart condition, thyroid disease, etc.? If so, what condition(s)? | Pets sharing the same run or residing at the same time When sharing a run, do they need to be supervised/ separated during feeding? Yes No If in separate runs, can they play together during exercise Yes No |

| Please provide any o | other information you feel we should know about your pet: |
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| | WAGS Bed & Bark is located: 5032 Edison St. Ne Hartville, Ohio 44632 Phone: (330) 896-3647 Website: www.wagsbednbark.com E-mail: wagstraining@yahoo.com |
| Your signature: | Date filled out: |

We do not accept Fearful dogs for Board & Training over 4 months or Adult aggressive dogs...