



Boggs Dogs

Country Daycare, Home Boarding & Dog Walking

Enrolment Application

Please complete the following questions to the best of your knowledge.
This information will help us maintain a safe and fun environment for all guests.
We are concerned not only about your dog's safety and health, but also that of our other guests.

Please take a few moments to tell us about yourself and your best friend.
Thank you.

CLIENT INFORMATION

Pet Owner(s):

1 Last name First Name

2 Last name First Name

Address

.....Post Code

Home Phone Work Phone

Mobile Phone 1 2

Email Address

Emergency Contact: (Other than the owners, local contact please)

Last name First Name(s)

Home Phone Work Phone

Mobile Phone 1 2

VACCINATIONS

Proof from vet showing that Rabies, Distemper, and Bordetella vaccinations are up to date is required.

PET PROFILE

Dog's preferred name

Nickname(s)

Breed:

Birth date: or Age: Weight:

Please circle: Male / Female

Is your dog spayed or neutered? Yes / No

Color:

Distinguishing marks:

How long has your dog been a member of your family?

Has your dog had any socialization with other dogs?

Has your dog ever been to the park? Yes / No

How was the experience?

Has your dog ever attended daycare before? Yes / No

How was the experience?

Has your dog ever been boarded before? Yes / No

How was the experience?

How does your dog respond to being handled by his/her collar?

Has your dog ever growled at, snapped at or bitten another PERSON or DOG? Yes / No

If yes, please describe the situation:

Is your dog fearful or reactive around certain types of people or dogs? Yes / No

How does your dog react to new people and/or dogs coming into your house/yard?

How does your dog respond to other dogs approaching when you're out on a walk?

Please check any of the following behaviors that apply to your dog:

separation anxiety, toy/food possessive, sensitive to touch fear of children, excessive barking, not house trained, fear, aggressive fear of women/men, coprophagia (eats stool), fear of storms, digs under fences, destructive chewing (ie bedding), fear of loud noises

Other concerns or behaviors we should be aware of (please describe):

Grooming:

How does your dog react to being bathed?

How does your dog react to a hairdryer?

How does your dog react to been dried with a towel?

Dog's Veterinarian Information

Clinic Name:

Address

Clinic phone number

Is your dog on flea/tick prevention? Yes / No

Brand used and last date administered

Does your dog have any hip/joint problems or physical restrictions? Yes / No

If yes, what restrictions need to be observed with regards to your dog's activities or movements?

Does your dog have any known allergies? Yes / No

What is he/she allergic to and what are the symptoms?

Please describe dog's general health including any current medical conditions we should be aware of.

Please list any current medications your dog is taking and the frequency and time administered.

What type/brand of food do you feed your dog? DRY / WET

Amount per meal Feeding times:

Morning

Afternoon

Evening

Special feed instructions

Does your dog have any food restrictions? Yes / No

If yes, what are they?

Is your dog allowed to have dog biscuits and training treats provided by Boggs Dogs?

Yes / No

Emergency Medical Release

In case of any emergency situation or injury, we will attempt to contact you or your emergency contact immediately for instructions. If we cannot reach you or your emergency contact and we determine that immediate medical attention is required, we will contact the closest animal hospital/clinic and transport your dog. There is no cost to you for transporting your dog. However, you will be responsible for any and all costs incurred for treatment. If the situation does not require immediate attention, you or your emergency contact will be contacted and advised of the situation. We will then await your instructions.

I/We, the owner(s) and pet parent(s) of understand that there are inherent risks to bringing my/our dog to a Boggs Dogs daycare and boarding. In the event of serious injury and/or illness, I/we hereby give consent to Boggs Dogs to act on my/our behalf, in the event that we cannot be contacted, to authorize and/or refuse any necessary medical treatment while under the care of the aforementioned. I/we understand that I/we will be responsible for any and all costs incurred for such treatment.

By (a) enrolling a dog with or b) permitting a dog to attend or c) accepting the Services of Boggs Dogs and its staff, the Client is deemed to have accepted Boggs Dogs Terms and Conditions.

Pet Parent Signature:

Date:

Pet Parent Signature:

Date:

Boggs Dogs Signature:

Date: