

CAMP SCOOPY



Top Dog in Canine Boarding.

Client Information Form

1 of 3

simply print out this form complete it and fax it back to Camp Scooby, Thanks.

FAX: 905-448-5917

PHONE: 416 778-1441

905 448-2751

Owners Information

Emergency Contact:

Relationship:

Last Name		Last Name	
First Name		First Name	
Address		Address	
City		City	
Province		Province	
Postal Code		Postal Code	
Work #		Work #	
Home #		Home #	
Fax #		Fax #	
Cell		Cell	
Email		Email	

Pet Information: circle appropriate responses and fill out a separate form for each dog.

Name		Height	
Breed		Weight	
Age		Tattoo	Yes/No
Sex		If Yes Details	
Spayed/Neutered		Micro-chipped	Yes/No
Colour/Description		Dog Tags	Yes/No

Veterinary/Medical Information

Clinic:		Dr.'s Name:	
Vaccinations:	Please fill in Veterinary Release Form		Dr.'s Phone:
Injury Restrictions:	Medication:		
Allergies:	Details:		
	Medication Restrictions:		
Other Vital Information:			



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Your Dog(s) Name:

Meal Time circle appropriate responses and fill out a separate form for each dog.

Dog's Name:	
Name & Description of Food	
How often do you feed your dog a day?	
How much per feeding?	
What time(s) to you feed you dog?	
Do you add medication, supplements, vitamins, etc., to the food?	Yes/No
If yes, provide details	
Does your dog like his/her food?	
Is your dog protective of his/her food?	Yes/No With Dogs/With People
If yes, provide details	
Other:	

Daily Routine circle appropriate responses and fill out a separate form for each dog.

What time does your dog rise?	
Does your dog go outside immediately?	Yes/No
Does your dog eat first?	Yes/No
Other	
How does your dog walk on a leash?	Well/ Not Well
Does he/she pull?	Yes/No
Do you use a gentle leader/halti?	Yes/No Gentle Leader/Halti
Is your dog allowed off leash in the park or	Yes/No

Commands circle appropriate responses and fill out a separate form for each dog.

Does your dog know basic commands?	Sit/Stay/Down
What words will he/she respond to?	
Please explain	
Will he/she come when called off leash?	Yes/No
Has he/she ever taken off?	Yes/No
If yes please Explain:	



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Your Dog(s) Name:

Social Behaviour circle appropriate responses and fill out a separate form for each dog.

Is your dog afraid of any sounds like thunder?	Yes/No
If yes, Provide details	
Does your dog like other dogs?	Yes/No
...Being with dogs of various sizes	Yes/No
...Puppies	
Has your dog ever fought with another dog?	Yes/No
If yes, Provide details	
Has your dog ever bitten a person?	Yes/No
If yes, Provide details	
How does your dog react to children?	
...to teenagers?	
...react to strangers	
...react to people entering the house?	

Playtime circle appropriate responses and fill out a separate form for each dog.

Does your dog play with other dogs?	Yes/No
Play with toys?	Yes/No
Bark?	Yes/No
Dig?	Yes/No
Mouth other dogs	Yes/No
Mouth people	Yes/No
Like to swim	Yes/No
Is he/she allowed in the water?	Yes/No
Jump up on people?	Yes/No
Chase runners	Yes/No
Chase cars	Yes/No
Chase cyclists	Yes/No
Chase skate-borders	Yes/No
Is your dog destructive with toys	Yes/No
Home furnishings	Yes/No
Other - provide details	