

DUFFY'S BED AND BISCUIT

TRAINING • BOARDING • DAYCARE • GROOMING

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Dog Information (Page 1 of 2)

Your Name: _____

Address: _____

City: _____ Zip: _____

Phone: _____ (mobile # preferred)

Your email address: _____

Emergency Contact (backup): _____ Phone: _____ (mobile # preferred)

Veterinarian: _____ Phone: _____

Please fill out **one form for each dog** so that we may provide the best care possible.

Name of Dog*: _____

DOB: _____ Spayed (female) Neutered (male) Breed: _____

Markings: _____

Vaccines? Yes No (bring proof to interview) DHLPP (or similar) Bordetella (kennel cough) Rabies

Micro-chipped? Yes No Chip#: _____ Registry Co: _____

Is your dog licensed with the state? Yes No License#: _____

Does your dog need any Medications? Yes No (if 'Yes', a Dog Medication Authorization Form must be completed)

What form of flea & tick control do you use? _____ When was it last applied? _____

How long have you had your dog? _____

Where did you get your dog? _____

When you walk your dog, if he/she sees another dog, does he/she will: Ignore the other dog Show some interest

Wag tail Growl and become aggressive Pull hard on the leash to get to the other dog

What commands does your dog know? Sit Come Stay Lay down Off Other: _____

Does your dog come when called? Yes No Dog's "come" command? _____

Is there anything in particular we should be aware of about your dog? (health issues, behavioral traits)

Allergies? Yes No If so, explain: _____

Has your dog ever bitten anyone? Yes No If so, what were the circumstances?
