

# DUFFY'S BED <sup>AND</sup> BISCUIT

## TRAINING • BOARDING • DAYCARE • GROOMING

107 STONE MILL ROAD • HUMMELSTOWN, PENNSYLVANIA 17036 • (717)482-8372 • WWW.DUFFYSBEDANDBISCUIT.COM • INFO@DUFFYSBEDANDBISCUIT.COM

### 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)

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Allergies?  Yes  No If so, explain: \_\_\_\_\_

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

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