



Guest Care Information Sheet

Guest Name: _____

Has your dog ever been to day care before? Yes No If so, where? _____

What is your primary reason for bringing your dog to day care?

Does your dog like to play with other dogs? Yes No Please describe their play style:

How does your dog react in new situations or places?

How does your dog react to strangers?

Does your dog: Growl Hide Jump Bite

Other: _____

Does your dog show aggression at all? Yes No

With people? Yes No With other dogs? Yes No

With personal space? Yes No With food? Yes No With toys? Yes No

Has your dog ever been bitten by another dog? Yes No

Has your dog ever bitten another dog? Yes No

If so, what were the circumstances?

Will your dog eat or chew objects? (bedding, furniture, wood, toys, etc)

Does your dog experience anxiety? Yes No

If so, what causes it? _____

Does your dog have any escape tactics? Climbing Jumping Chewing

Others: _____

How does your dog walk on a leash? _____

Is your dog house trained? Yes No

Does your dog ever have urinary or bowel movement accidents in the house? Yes No

Describe your dog's activity level: Low Medium High

Will you be bringing a meal for us to feed your dog while staying with us? Yes No

Does your dog have any known allergies? _____

Is your pet spayed or neutered? Yes No

What is the name and phone number of your primary veterinarian?

Does your dog have a history of seizures? Yes No

Does your pet have any medical conditions we should be aware of? Please list:

Is your dog microchipped? Yes No

If not, would you like us to provide you with that service today? Yes No

What is your dog's current flea and tick prevention? _____

When was it last given/applied? _____

What is your dog's current Heartworm prevention? _____

When was it last given/applied? _____

PETS IN THE CITY WANTS TO TAKE THE BEST POSSIBLE CARE OF YOUR DOG. IT IS IMPORTANT TO US THAT WE HAVE AS MUCH INFORMATION AS POSSIBLE TO BETTER CARE FOR YOUR DOG. PLEASE NOTE BELOW ANY OTHER INFORMATION THAT YOU FEEL IS IMPORTANT OR NECESSARY THAT WE SHOULD HAVE KNOWLEDGE OF. THANK YOU FOR YOUR TIME AND WE LOOK FORWARD TO CARING FOR YOUR DOG DURING THEIR STAY AT PETS IN THE CITY.

NOTES: _____

OWNER HEREBY AGREES AND ATTESTS THE ABOVE IS FULL AND CORRECT TO THE BEST OF OWNER'S KNOWLEDGE.

OWNER NAME: _____

DATE: _____

SIGNATURE: _____
