



# Dancing Woof Doggie Boarding & Day Care

## Client Questionnaire ~

Your full name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City, State/Zip \_\_\_\_\_

Email: \_\_\_\_\_

Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Dog (s) Name: \_\_\_\_\_

Dogs Breed (s): \_\_\_\_\_

Birthdate or Age: \_\_\_\_\_

Vets Name: \_\_\_\_\_

Vets' Phone Number: \_\_\_\_\_

Microchip Number: # \_\_\_\_\_

Spayed or Neutered: \_\_\_\_\_

### Vaccination Dates:

Bordatella: \_\_\_\_\_

Distemper, Adenovirus (hepatitis), Parvo (is yours 1 yr or 3 yr is DAP Continuum): \_\_\_\_\_

Rabies: \_\_\_\_\_ Rabies Tag#: \_\_\_\_\_

Date: Fecal (OVA & Parasite plus **Giardia-ELISA lab test**): \_\_\_\_\_

\*Corona only if coming from a hot weather state: \_\_\_\_\_

\*Leptospirosis: I don't require this; google it. I DO NOT recommend. \_\_\_\_\_

Is your dog is on a Heartworm preventive:(which brand) \_\_\_\_\_

Is your dog is on Flea preventive: (brand and frequency) \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_

Emergency Contact Number: \_\_\_\_\_

Alt Emergency Contact Name: \_\_\_\_\_

Alt Emergency Contact Number: \_\_\_\_\_

Where did you get your dog? \_\_\_\_\_

Has your dog ever been with a large off-leash group of dogs before? Yes\_\_\_ No\_\_\_

If yes, how did he/she respond? \_\_\_\_\_

Does your dog like kids? Yes\_\_\_ No\_\_\_

Is your dog a barker? Yes\_\_\_ No\_\_\_

If so how do you stop him/her? \_\_\_\_\_

Is your dog food protective? Yes\_\_\_ No\_\_\_

Is your dog toy protective? Yes\_\_\_ No\_\_\_

How long have you had your dog? \_\_\_\_\_

Has your dog had any kind of formal training? Yes\_\_\_ No\_\_\_

Does your dog have any medical conditions, please describe: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Special cue words & more details:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_