

New Client & Dog Information



DOG'S NAME: _____

Arrival Date & Time : _____

Departure Date & Time: _____

Who May We Thank For Your Referral?: _____

OWNER'S NAME: _____

Address: _____

Home Phone: _____ Work Phone: _____

Cell Phone/ Pager: _____ Other: _____

Email: _____ Do you check email regularly? Yes No

Dog's Breed: _____ Color/ Markings: _____ Weight: _____

Sex: Female/Spayed? Yes No Male/ Neutered? Yes No Date of birth/Age: _____

Dog's collar color: _____ ID Tags: Yes No Microchip/Number _____

Your dog's usual food: _____ Is he a good eater? Yes No Sometimes

Your dog's meal times? _____ Where does he eat? Inside/ Outside/ Crate? _____

May your dog receive treats? Yes No Does your dog have any food allergies or restrictions? Yes No

If yes, please list food sensitivities and/or allergies: _____

Are there any Special Health Concerns? _____

Current Medications? _____

Name of Medication

When/How to Administer Medication

Please note: We require that your dog be current on DHP, Parvo, Bordetella and Rabies Vaccinations before visiting Top Dog Inn. We also require that he be free of internal and external parasites.

Please provide copies of your veterinarian's records.

Current Vaccination **DUE** Dates: **DHP + Parvo & Bordetella:** _____

RABIES Vaccination **DUE** Date: _____

Most Recent **Fecal ELISA** results: _____

What **flea prevention** method are you currently using on your dog? _____

Please Complete & Sign Side 2

Top Dog Inn

606 West Collins Avenue, Orange, CA 92867-5512

Website: www.TopDogInn.com

Phone: 714.744.3316

email: tlc@topdoginn.com

New Client & Dog Information

Thank you for allowing us to care for your dog. In order that we can make the transition for him as easy as possible, we ask that you take a moment to answer these questions about your dog and his unique personality...

Please tell us what makes your dog special: _____

Does your dog have any fears or concerns? Yes No Sometimes _____

What are his favorite toys/ games? _____

Does your dog like to play with other dogs? Yes No Sometimes _____

Does your dog ever guard you, his toys, or his food? Yes No Sometimes _____

Has your dog ever snapped or bitten anyone? Yes No Sometimes _____

Is your pet good with children? Yes No Sometimes _____

Does your dog like men? ? Yes No Sometimes _____

Has your dog ever been involved in a dog fight? Yes No _____

Can you groom your pet? Yes No Sometimes _____

Does your dog like to eat or destroy his toys or bedding? ? Yes No Sometimes _____

Is your dog anxious or calm in your absence? _____

Is your dog a jumper or a climber? Yes No Sometimes _____

Does your dog like to go for walks? Yes No Sometimes _____

Does your dog have any obedience training? _____

Is your dog crate trained? Yes No Sometimes Does your dog use a doggy door at home? Yes No Sometimes

Please circle your dog's favorite place to go potty: Grass, Pavement/ Concrete, Dirt, Other: _____

Where does your dog like to sleep at night? _____

Is there any reason we should approach your dog with caution? _____

Please tell us anything else about your dog that will help us to make his stay a great experience: _____

I certify that the information on these two pages is true and correct and that I will notify Top Dog Inn of any changes to this information prior to the start of any service, training, and/or boarding period. I acknowledge that the rate for board/care is \$35 per 24-hour period. There will be additional charges for any time over the 24-hour period and I am aware of these fees. Arrangements may be made for training and/or grooming for an additional fee. I understand that Top Dog Inn will accept payment by cash, check or credit card and that no dog will be released without payment in full.

Client's Signature: _____ Date: _____