



OWNER _____

Pet Information (1 Pet Only)

Name _____ Breed _____ Color _____ DOB _____

Weight _____ lbs Male Female SPAYED/NEUTERED ALLOWED TREATS: YES NO **(Must be a YES or NO)**

Same Veterinarian? YES NO If NO: Vet _____ Phone _____

Address _____ City _____ State _____ Zip _____

VACCINATION PROOF REQUIRED *DOGS UNDER 4 MONTHS OLD ARE NOT ALLOWED* *DOGS MUST BE SPAYED/NEUTERED IF OVER 6 MONTHS OF AGE*

Medical Information

Has your dog been ill in the last 30 days (including coughing, sneezing or upset stomach)? YES NO
(If yes, please explain)

Are there any restrictions that need to be placed on your dog's physical activities/movements? YES NO
(If yes, please explain)

Does your dog have any known allergies or sensitive areas? YES NO
(If yes, please explain)

Is your pet on Flea, Tick and Heartworm preventative medication? (FLEA COLLARS ARE NOT ADMISSABLE) YES NO
Dogs with flea or tick problems will be treated by The Woof On Cortez at the owner's expense

Pet Temperament and Behavior Information

Has your dog ever attended daycare or boarded in an all-day play environment? Yes No

Has your dog ever been bitten or attacked by another dog? Yes No
(If yes, please explain)

Has your dog ever been abused to your knowledge? Yes No
(If yes, please explain)

Has your dog ever exhibited aggressive behavior towards people or other dogs? Yes No
(If yes, please explain)

Would you describe or label your dog with any of the following monikers? (Please circle all that apply)

Feces Eater Fear of Lightening/Thunder Escape Artist Destructive Chewing Fence Jumper Collar Issues
Toy/Food Aggression Separation Anxiety Rock/Stick Eater Other: _____

Is there any additional information you feel would help us best care for your pet?