

THE YELLOW DOG'S BARN

CUSTOMER APPLICATION

PLEASE CIRCLE ALL THAT APPLY: DAYCARE BOARDING

OWNER INFORMATION

Name(s): _____

Address: _____

City: _____

State: _____ Zip: _____

Email: _____

Please indicate if the following are Home/Work/Cell

Best Phone: _____ H/W/C

Other Phone: _____ H/W/C

Other Phone: _____ H/W/C

Others authorized to pick up your pet(s):

EMERGENCY CONTACT

Name(s): _____

Best Phone: _____ H/W/C

Other Phone: _____ H/W/C

VETERINARY INFORMATION

Hospital/Clinic Name:

City: _____ State: _____

Phone: _____

PLEASE PROVIDE A HEALTH CERTIFICATE FROM YOUR VETERINARIAN SHOWING THAT YOUR PET IS UP TO DATE ON **RABIES, DISTEMPER, AND KENNEL COUGH (BORDETELLA)** VACCINATIONS. WE ALSO REQUIRE PROOF OF A **NEGATIVE FECAL TEST DONE BY A LABORATORY (NOT IN-HOUSE) FOR ALL PARASITES, INCLUDING GIARDIA.**

*Kennel Cough vaccine must be given a minimum of 5 days **prior to** boarding and/or daycare.

YOUR DOG'S HEALTH

Is your dog on heartworm preventative? Y N

Is your dog on flea & tick preventative? Y N

Does your dog currently have fleas? Y N

DOG'S INFORMATION

Name: _____

Breed: _____

Color: _____ Sex: F SF M NM

Age: _____ DOB: _____

GETTING TO KNOW YOUR DOG

Please circle all that apply to your dog

- Jumps higher than 5'
- Jumps fences
- Jumps on people
- Digs
- Escapes from confined areas
- Plays keep away
- Is shy with new people
- Is crate trained
- Is house trained
- Is sensitive to having their collar touched
- Has separation anxiety
- Plays off-leash with other dogs
- Barks often
- Will allow you to remove objects from his/her mouth
- Is dog aggressive
- Is people aggressive
- Is food possessive
- Is toy possessive
- Is people possessive
- Eats/chews/destroys bedding
- Eats/chews/destroys toys
- Is destructive to his/her surroundings (food bowls, walls, windows, furniture, etc.)

Please explain:

- Is fearful of thunder (if yes, please describe his/her reaction and how you handle it):

YOUR DOG'S HEALTH CONT.

Is your dog currently on any medications? If so, please describe:

Do medications need to be given while your dog is in our care?

Please describe any health issues (past or present) your dog has experienced:

Does your dog have any known allergies?

FOOD & TREATS

What type of food do you feed your dog?

Do we have permission to give your pet:

Kong toy filled with treats or peanut butter? Y N

Old Mother Hubbard brand treats? Y N

Please circle all that apply to your dog:

Eats all food at mealtimes

Nibbles throughout the day

Goes through periods without eating

MISC INFORMATION

Where did you get your dog (breeder, shelter, pet store, etc.)? How old was your dog at the time?

Has your dog ever attended a daycare? Y N

Has your dog ever been boarded overnight? Y N

If you answered yes to either of the above, were there any problems or concerns reported to you?

GETTING TO KNOW YOUR DOG CONTINUED

- Is sensitive to certain parts of his/her body
Please explain:

- Eats strange things (rocks, socks, etc.)
Please explain: _____

- Has bitten another dog
Please explain:

- Has bitten a person
Please explain:

Is there anything else we should know about your dog?

PERMISSIONS

Do we have permission to try a citronella collar on your dog for incessant barking? Y N

Citronella collars are a safe and effective method of preventing barking with NO PHYSICAL HARM to your pet.

May we use your pet's photo on our website, newsletter, and social media pages? Y N

WE'RE JUST CURIOUS...

How did you hear about The Yellow Dog's Barn?
