



Dog's Name: _____

Klub Members Information Sheet

OWNER'S INFORMATION:

Owner(s) Name: _____ / _____
First Last First Last

Owner's Address: _____
Street Address

City State Zip Code

Owner's Cell Phone: _____ Name: _____

Owner's Alternate Cell: _____ Name: _____

Owner's Home Phone: _____

Owner's email: _____ Name: _____

EMERGENCY CONTACT INFORMATION:

Name: _____

Phone: _____ Alternate Phone: _____

AUTHORIZED PERSONS:

Name of any other person(s) that may pick up your dog: _____
(Any authorized person(s) will be required to show identification upon picking up your dog(s))

VET INFORMATION:

Clinic Name: _____ Veterinarian's Name: _____

Clinic/Vet Phone: _____

DOG INFORMATION:

Dog's Name: _____

Breed: _____ Birthdate: _____

Sex: _____ Weight _____ Is your dog altered (neutered or spayed)? _____

How long have you owned your dog? _____

Where did you obtain your dog? _____

If you are not the original owner, do you have any information on your dog's history?

Is your dog in good health? Yes _____ No _____

If no, please describe: _____

Does your dog have any pre-existing medical conditions? Yes _____ No _____

If yes, please describe: _____

Does your dog have hip dysplasia? Yes _____ No _____

If yes, please describe any restrictions for activity or movements, if any:

Does your dog have any allergies? Yes _____ No _____

If yes, please describe: _____

Is your dog on any medications? Yes _____ No _____

If yes, please describe: _____

Is your dog on heartworm prevention? Yes _____ No _____

Is your dog on any flea preventative? Yes _____ No _____ What Type: _____

Has your dog attended any other daycare/boarding facility before? Yes _____ No _____

If so, where (if you would like to share) and were there any problems at the previous facility(ies):

Has your dog ever bloated in the past? Yes _____ No _____

If so, when was the last occurrence: _____ Has his/her stomach torse? Yes ____ No ____

Has your dog had gastropexy done (either preventative or post-bloat)? Yes _____ No _____

Has your dog had any of the following in the past six months (check any that apply)?

Ear infection _____ Seizure _____ Bloat (with or without torsion) _____

Heartworm _____ Tapeworm _____ Whipworm _____ Roundworm _____

Kennel cough _____ Heat Stroke _____ Canine papilloma virus _____

Surgery _____ Type of surgery: _____

DOG INFORMATION – Temperament and Training:

Does your dog interact with other dogs well? Yes _____ No _____

Are there any specific dog-dog issues you have seen in your dog? Yes _____ No _____

If so, please describe: _____

Does your dog show fear of aggression towards strangers? Yes _____ No _____

If so, please describe: _____

Are there any situations, people, dogs, etc. that will cause fear or any negative reaction with your dog?

Yes _____ No _____

If so, please describe: _____

Has your dog ever growled, showing teeth or bitten another dog? Yes _____ No _____

If so, please describe: _____

Does your dog have any possessive behaviors (toys, food, etc.)? Yes _____ No _____

If so, please describe: _____

Is there any part of your dog's body that he/she is sensitive about (example – doesn't like ears touched)?

Yes _____ No _____

Is so, please describe: _____

Does your dog play well with puppies? Yes _____ No _____

If not, please describe reason: _____

Has your dog ever jumped a fence? Yes _____ How long away _____ No _____

If so, please describe: _____

Has your dog had any training? Yes _____ No _____

If so, please describe: _____

Does your dog eat foreign objects? Yes _____ No _____

If so, please describe: _____

Does your dog have separation anxiety? Yes _____ No _____

If so, please describe: _____

Does your dog have any issues with grooming (bathing, brushing, nail trims) Yes _____ No _____

If so, please describe: _____

Please list the brand of Dog Food you buy for your dog: _____

Owners Signature: _____

Date: _____

If someone referred you please let us know so we can thank them!
