



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:

Canine Influenza Vaccination: _____

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

Rabies: _____ Rabies Tag#: _____

Date: Fecal (OVA & Parasite plus **Giardia-ELISA-diagnostic**): _____

*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:

