

Fetch Club Pet Services

Enrollment Form

Dog Information:

Name:	Breed:	Coloring:
Sex:	D.O.B:	Age:
Weight:	Microchip/Tattooed	Fixed: Y/N

Personal Information (Guardian 1):

Name:	
Address:	
Home #:	Cell #:
Work #:	Email:

Personal Information (Guardian 2):

Name:	
Address:	
Home #:	Cell #:
Work #:	Email:

Emergency Contact:

Name:	
Address:	
Home #:	Cell #:
Work #:	Email:

Vet Information:

Name:	Veterinarian:
Address:	Phone #:
Insurance Company:	Policy #:

Vaccinations and Flea Treatment Information:

Last Date for Rabies:	Last Date for DHPP:
Last Date for Bordetella:	Titer Test Date:
Type of Flea Treatment:	Last Day of Flea Treatment:

History of Dog: (how long have you had your dog, background story, where did you get your dog)

Health History: (diseases, illnesses, injuries in the past or present, allergies, physical limitations)

Dog Temperament and Behaviour:

Has your dog been walked in a group before? Y/N	Has your dog been boarded before? Y/N
Has your dog been walked by a professional before?	
Was the experience positive or negative?	
House trained? Y/N	Crate trained? Y/N
Free reign of the house? Y/N	Does your dog like to bark? Y/N
Has your dog ever bitten person or another dog?	

Check off the following that apply to your dog:
Separation Anxiety: <input type="checkbox"/> Food Aggression: <input type="checkbox"/> Toy/Stick Aggression: <input type="checkbox"/> Aggressive towards people: <input type="checkbox"/>
Aggressive towards other dogs: <input type="checkbox"/> Leash Aggressive: <input type="checkbox"/> Leash Pulling: <input type="checkbox"/> On leash: <input type="checkbox"/> Off Leash: <input type="checkbox"/>
Has Recall: <input type="checkbox"/> Jump Over Fence: <input type="checkbox"/> Bolt out car door: <input type="checkbox"/> Fearful: <input type="checkbox"/> Biter: <input type="checkbox"/> Dominate: <input type="checkbox"/>
Other:
Is your dog good with:
Children: <input type="checkbox"/> Men: <input type="checkbox"/> Women: <input type="checkbox"/> Puppies: <input type="checkbox"/> Small Dogs: <input type="checkbox"/> Big Dogs: <input type="checkbox"/> Strangers: <input type="checkbox"/>

What commands does your dog know? What words do you use
Come: <input type="checkbox"/> Sit: <input type="checkbox"/> Stay: <input type="checkbox"/> Heel: <input type="checkbox"/> Down: <input type="checkbox"/> Drop it: <input type="checkbox"/>
Other:

Signature: _____ Date: _____