CLIENT INFORMATION					
Client Name:					
Additional Client Name:					
Address:					
City:		Zip Code:			
Cell Phone #1:		May we add you to our text alerts, news & updates list? Yes No			
Name: Cell Phone #2:					
Name:		May we add you to our text alerts, news & updates list?  Yes No			
Home Phone:		Work Phone:			
		Employer:			
E-mail Address:					
May we add you to our mailing list		ACT INCODMA	TION		
EMERGENCY CONTACT INFORMATION (other than listed above)					
Name:	Relationship:				
Home:	Work:		Cell:		
Who besides yourself is authorized to pick-up your pet(s)?					
1: Name:					
Relationship:		Phone:			
2: Name:					
Relationship:		Phone:			
3: Name:					
Relationship:		Phone:			
COMMUNICATION					
Under what circumstances would you like to be contacted during your dogs stay?					
☐ Behavior change ☐ Not Eating ☐ Vomiting ☐ Diarrhea					
☐ Scratch ☐ Small wound ☐ Fight without Injury ☐ Fight with Injury					
Would you prefer Phone Call Text Message Email					

#1 PET INFORMATION				
Name:	MALE	☐ FEMALE		
Breed:	Spayed/Neutered	Yes No		
Colors/Markings:				
Birthday (or day celebrated):				
Nicknames:				
#2 PET INFORMATION				
Name:	☐ MALE	☐ FEMALE		
Breed:	Spayed/Neutered	☐ Yes ☐ No		
Colors/Markings:				
Birthday (or day celebrated):				
Nicknames:				
MEDICAL INFORMATION				
Veterinarian Clinic/Doctor:				
Does your pet take any medications? NO YES – please explain				
How do you administer your dogs medication?				
☐ Stuff It ☐ Peanut Butter ☐ Pill Pocket ☐ Cheese				
Other				
Does your dog have any allergies? NO YES – please explain				
If your dog is anyious yould it he alray to use any of the following?				
If your dog is anxious would it be okay to use any of the following?				
☐ ThunderShirt ☐ Natural Calming Treats ☐ Natural Calming Spray				
☐ Covered Crate/Kennel ☐ Other				
If you dog is not eating during their stay, what can we do to entice them to eat?				
☐ Hot Water ☐ Broth ☐ Yogurt ☐ Pumpkin ☐ Sprinkles				
Other				
ADDITIONAL INFORMATION				

How did you hear about UNLEASHED and lovin' it!?
Where did you get your pet?
How long have you owned you pet?
Are there other animals in your household?   No Yes – please list below
Does your dog destroy toys or bedding? Yes No
Has your dog ever jumped, climbed or went under a fence? Yes No
What type of bowl does your dog normally eat from?
What type of bowl does your dog normally drink from?
What basic commands does your dog know?
☐ Sit ☐ Stay ☐ Down ☐ Off ☐ Come ☐ Give/Drop
Trainer used?
Is your dog crate trained? Yes No
I have read and understand the Terms and Conditions
X