



INN THE DOGHOUSE
 10237 Berea Road, "H"
 Cleveland, Ohio 44102
 (216) 651-0873

CLIENT INFORMATION

OWNER INFORMATION

Name(s) _____

Address _____

City _____ State _____ Zip Code _____

Home Phone _____ Work Phone _____ Cell Phone _____

Email Address _____

EMERGENCY CONTACT

Name _____

Home Phone _____ Work Phone _____ Cell Phone _____

Others I Authorize To Pick Up My Dog _____

VETERINARY INFORMATION

Primary Clinic _____ Dr. _____ Phone _____

Address _____ City _____ State _____

Does your dog have any known allergies? YES NO

Food related _____ Medication _____ Seasonal _____

Other _____

PET INFORMATION

PET 1

Name _____ Breed _____

Sex _____ DOG | CAT (circle one)

Date of Birth _____ NEUTERED | SPAYED (circle one) If not, when? _____

PET 2

Name _____ Breed _____

Sex _____ DOG | CAT (circle one)

Date of Birth _____ NEUTERED | SPAYED (circle one) If not, when? _____

Needs Medications Yes | No (circle one) Type _____

Reason _____ Frequency _____

Amount _____

Is house broken Yes | No (circle one)

The last accident they had was Where? _____ Why? _____

My pet plays best with (circle all that apply) BIG DOGS LITTLE DOGS OLDER DOGS

YOUNG DOGS PUPPIES



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CLIENT INFORMATION

(continued.)

My pet is _____
(circle all that apply)

SHY MELLOW AGGRESSIVE EXCITABLE
ACTIVE COUCH POTATO CONTENT TO BE AROUND OTHERS

My Dog(s) favorite

Toys _____ Toy to destroy _____

Activity _____

Place in the house _____

My dog is trying to learn the following commands _____

My dog is easily scared by _____

My dog has (circle all that apply)

BITTEN GROWLED SNARLED BARED TEETH
SHOWN THREATENING BEHAVIOR

Explain situation of any/all circled above

My dog is allowed on furniture at home

Yes | No (circle one)

No BUT is okay at INN THE DOGHOUSE

Reason for using daycare service _____

How did you hear about INN THE DOGHOUSE? _____

Additional information I would like you to know about my dog:

I acknowledge that all above information is correct:

Signature

Date