

TOOTOO DOG CARE- APPLICATION

DOG OWNER INFORMATION

Owner Name:

Address:

City:

State:

ZIP Code:

Phone (text):

Email:

DOG INFORMATION

Dog Name:

DOB (or age):

Sex (M or F):

Neuter/Spay (Y/N):

Weight (lbs):

Breed:

Meals a day:

Amount per meal:

Food allergy:

Dog Food Brand:

Take Medication (Y/N):
(if yes, name, dosage, and freq. below)

Crate Trained (Y or N):

House or Pad Trained:

Any Health Problem (Y/N):
(If yes, please explain below)

Personality (Circle): Friendly Very playful Shy Nervous Barking Chews May Bite Food aggression

Toy aggression Leash aggression Been to daycare Been to Boarding Calm Eat Feces

Marking Jump/Escape Artist Do not like big dogs Do not like small dogs Dominant Prefer Humans

WHERE DO YOU HEAR FROM TOOTOO

Referral by _____

Yelp

Flyer/ Website

Facebook

Groupon

Other _____

EMERGENCY CONTACT

Name:

Relationship:

Phone:

VETERINARIAN INFORMATION

Business Name:

Phone:

Vet Name:

Address:

If leave blank, the dog owner gives TooToo Dog Care authority to take the dog to Animal AM-Emergency Clinic of Pasadena (2121 E Foothill Blvd.), and the owner pays all the medical cost (**Signature**):

Note: 1. Proof of Rabies, DHLPP, Bordetella need to be provided prior to the stay. 2. Monthly flea/tick medication is required on your dog. If fleas/ticks are found in your pet, TooToo Dog Care is authorized to provide medication immediately and the owner will be charge \$20 for each pet per stay. (Advantage)

ANY ELSE WE NEED TO KNOW ABOUT YOUR DOG (MEDICAL CARE, SPECIAL CARE, PERSONALITY, ETC.)

SIGNATURES

I authorize the verification of the information provided on this form. I will receive a copy of this application via email.

Signature of applicant:

Date: