



## DOG HAUS DAYCARE & BOARDING ENROLLMENT FORM – NEW CLIENT

### Client Information *\*Please Print\**

Primary Contact:

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

Apt/Suite: \_\_\_\_\_ City: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

How did you hear about us?

Current Client at Queen West Animal Hospital

Friend Referral: if so whom? \_\_\_\_\_

Walk By

Website

Internet Search: \_\_\_\_\_

### Emergency Contact *\*Please Print\**

In the event of an emergency in which we are unable to reach the primary or secondary contact as listed above. Please list **TWO** emergency contacts that will be available while you are away and whom you give consent to make medical decisions on your behalf.

Primary Emergency Contact:

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

**Secondary Emergency Contact:**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

**Veterinary Information *\*Please Print\****

Name of Veterinarian: \_\_\_\_\_

Name of Clinic: \_\_\_\_\_

Phone number: \_\_\_\_\_

Date of last DA2PP (Distemper, Adenovirus, Parainfluenza, Parvovirus) vaccination:  
\_\_\_\_\_ (day/month/year)

Date of last Rabies vaccination: \_\_\_\_\_ (day/month/year)

Expiry Date: 1 year or 3 year (please circle)

Bordatella (Kennel Cough) \*\* \_\_\_\_\_ (day/month/year)

\*\*Not required for boarding enrollment

Is your dog on any flea/heartworm prevention program?  Yes  No

Name of product used: \_\_\_\_\_

Last treatment date: \_\_\_\_\_ (day/month/year)

**Dog Information**

Name: \_\_\_\_\_ Breed: \_\_\_\_\_

Sex: \_\_\_\_\_ Age: \_\_\_\_\_ Birthday: \_\_\_\_\_ (month/day/year)

Spayed or Neutered :  Yes  No

Colour/Markings: \_\_\_\_\_

Microchip or Tattoo: \_\_\_\_\_

**Health Information *\*Please Print\****

Does your dog have any current or previous medical problems of which we should be made aware?  Yes  No

If yes, please elaborate:

\_\_\_\_\_

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Is your dogs on any current medications that will need to be administered while staying with us?  Yes  No

If yes, please fill out the following:

1) Name of Medication: \_\_\_\_\_ Dose: \_\_\_\_\_

Route of Administration (ie oral, topical etc) \_\_\_\_\_

Frequency given (give us clear times when medication is due)

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2) Name of Medication: \_\_\_\_\_ Dose: \_\_\_\_\_

Route of Administration (ie oral, topical etc) \_\_\_\_\_

Frequency given (give us clear times when medication is due)

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3) Name of Medication: \_\_\_\_\_ Dose: \_\_\_\_\_

Route of Administration (ie oral, topical etc) \_\_\_\_\_

Frequency given (give us clear times when medication is due)

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### **IMPORTANT MEDICATION NOTICE**

I, \_\_\_\_\_ understand that I am fully responsible for informing Queen West Animal Hospital's Animal Haus Boarding facility of all my dog's medications including, but not limited to:

- Ensuring ALL medications are clearly labeled with my dogs name, the medication name, strength, route of administration, dose to be given and dosing interval
- I understand that Queen West Animal Hospital's Animal Haus Boarding facility has the right to refuse to give my dog any medication that is not clearly labeled with any portion of the above information.
- Ensuring that my dogs has enough medication to last the entire boarding period at Queen West Animal Hospital's Animal Haus Boarding facility

- Queen West Animal Hospital's Animal Haus Boarding facility is not responsible for refilling or ordering any medications while I am away.
- Paying a medication administration fee of \$11 per day that medications are to be given.

Owner Name: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_

**Temperament & Behaviour *\*Please Print\****

Has your dog had any obedience training?  Yes  No

If yes, what type?  Beginner  Advanced Other: \_\_\_\_\_

Has your dog ever escaped through doors?  Yes  No

Has your dog ever escaped over or under a fence?  Yes  No

Has your dog ever slipped out of his/her collar or leash?  Yes  No

Has your dog **EVER** shown aggression with other dog he/she is playing with?  Yes  
 No

If yes, what were the circumstances that caused the aggression?

\_\_\_\_\_

\_\_\_\_\_

Please check off your dog's favourite toys / games:

Ball  Frisbee  "Keep Away"  Tug of War  Cuddle

Belly Rubs  Brushing  Massage  Other: \_\_\_\_\_

What commands does your dog know?

Sit  Down  Stay  Come  Leave it  Drop it  Fetch

Heel  Other: \_\_\_\_\_

Does your dog have a specific elimination command?  Yes  No

If yes, what is it? \_\_\_\_\_

How many elimination breaks does your dog get each day? \_\_\_\_\_

Does your dog have any exercise limitations?  Yes  No

If yes, please elaborate:

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Does your dog have a good recall command?  Yes  No

**Feeding *\*Please Print\****

How often do you feed your dog per day? \_\_\_\_\_

How much do you feed at each meal? \_\_\_\_\_

What diet are you feeding your dog? \_\_\_\_\_

Do you give your dog any treats?  Yes  No

If yes what treats does he/she like? \_\_\_\_\_

Does your dog have a medical condition that requires regular times feedings?

Yes  No

If yes, please elaborate: \_\_\_\_\_

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Does your dog have any food allergies or intolerances that we need to be aware of?

Yes  No

If yes, please elaborate:

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**IMPORTANT FEEDING NOTICE**

Please note that you are responsible for supplying your dog's food for the entire boarding period. This is to ensure no GI upset occurs with sudden diet changes. If you do not provide us with enough food for the boarding period your dog will be fed Purina ProPlan Veterinary Diet EN at a additional cost of \$10 per day.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_