

**Client Application Form**

**Client Details**

|  |
| --- |
| Name |
| Address |
| Email |
| Telephone (Home) |
| Telephone (Work) |
| Telephone (Mobile) |

**Emergency Contact**

|  |
| --- |
| Name |
| Telephone Number |
| Address |

**Dog Details**

|  |
| --- |
| Name |
| Sex |
| Breed |
| Age |
| Colour |
| Spayed/Neutered |
| Chipped |

**Veterinarian Information**

|  |  |
| --- | --- |
| Vet Practice |  |
| Vet’s Name |  |
| Tel Number |  |
| Emergency Number |  |
| Address |  |

**Dog Medical And Health Conditions** (if yes please complete)

|  |  |
| --- | --- |
| Is your dog vaccinated ?  (ex. Kennel Cough, Distemper, Parvo, etc …)  If no, please explain. | Yes/No |
| Flea/Worms Treatment  If no, please explain. | Yes/No |

|  |  |
| --- | --- |
| Details of recent or current health problems |  |
| Is your dog on any medication? |  |
| Purpose of medication, dosage, frequency |  |
| Is your dog in any recent or current Injuries |  |
| Is your dog Insured? | Yes / No |
| Insurance Details |  |
| Allergies / Food Sensitivity?  If yes, please give details | Yes / No |

\*Please make sure that you inform your insurance company that your dog is in the care of BTB, and that you give BTB authority to act on your behalf.

**Dog Behaviour**

|  |  |
| --- | --- |
| Has your dog ever shown aggression tendencies towards people or animals?  If yes, please explain: |  |
| Is your dog continent and fully house trained ?  If no or other, please explain: |  |
| Is your dog cage trained ? | Yes/No |
| Can your dog walk off leash ?  If no or other, please explain |  |
| Do your dog walk heel on the leash ? | Yes / No |
| Anything that disturbs or unsettles your dog  e.g horses, cats, squirrels etc. |  |
| How many times is your dog fed per day? |  |
| Are you happy with treats at daycare? | Yes / No |
| Has your dog ever reacted Negatively around food? | Yes / No |
| Has your dog ever Escaped from your property? | Yes / No |
| Has your dog ever Growled at someone? | Yes / No |
| Has your dog ever Bitten someone?  If yes, please explain | Yes / No |
| Behaviours we should know about  e.g chewing furniture, chasing animals, possessiveness etc. |  |

**Socialisation**

|  |  |
| --- | --- |
| Does your dog enjoy playing with other dogs? |  |
| How often does your dog socialise? |  |
| How does your dog react to other dogs off lead? |  |
| How does your dog react to other dogs on lead? |  |
| Does your dog share toys with other dogs? |  |
| Does your dog share/eat food near other dogs? |  |

**Does your dog show any of the following behaviours? Towards whom …**

**e.g people, children, dogs, small animals, toys, food, bed/blankets, or other objects?**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | People | Kids | Dogs | Small Animals | Toys | Food | Bed | Other |
| Fear/ Insecurity |  |  |  |  |  |  |  |  |
| Aggression |  |  |  |  |  |  |  |  |
| Anxiety |  |  |  |  |  |  |  |  |
| Territorial Behaviour/Possession |  |  |  |  |  |  |  |  |
| Obsession |  |  |  |  |  |  |  |  |
| Over-  Excitement |  |  |  |  |  |  |  |  |

|  |  |
| --- | --- |
| Has your dog attended formal training?  If yes, please give details |  |

**Pet Services/Products Used**

|  |  |
| --- | --- |
| Have you used a daycare centre before?  If yes, please give details | Yes / No |
| Have you used a groomer before?  If yes, please give details | Yes / No |
| Has your dog had a bad experience with any of those?  If yes, please give details | Yes / No |

**Dog Food Details**

|  |  |
| --- | --- |
| Dry | Yes / No |
| Wet / Tinned | Yes / No |
| Raw | Yes / No |
| Other | Yes / No |
| Treats | Yes / No |

**Bears to Butterflies**

To have a better understanding of your dogs needs, please indicate the type of services that you are interested in.

These details are used as part of our meet and greet sessions, where you can discuss our services in more detail.

This application form does not commit you to any ongoing Bears to Butterflies dog daycare.

**Service**

|  |  |
| --- | --- |
| Dog Day Care |  |
| Dog Boarding |  |
| Dog Walking |  |

**Owner’s Comments:**