



K-DOGS Pet Lodge Application Form

Your Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Home Phone: _____ Work Phone _____ Cell Phone _____

Email Address: _____

How did you hear about K-DOGS? _____

In Case of Emergency (Contact)

Name: _____ Contact #: _____

Veterinarian: _____

Name: _____ Phone: _____

Address: _____ City: _____ State: _____ Zip: _____

PET INFORMATION:

Name: _____ Sex: M / F Spayed/Neutered Y / N

Age: _____ Breed: _____

Color: _____ Weight: _____

Feeding Schedule: _____

Brand and Type of Food: _____ Amount: _____

Is your dog allowed to have treats? Y / N If yes, what type: _____

How long have you had him/her? _____

Is your dog house broken or crate trained? _____

Does your dog have any personality quirks we should be aware of? _____

If you have not had him/her from puppy hood, what do you know of its prior history?

Are there any other animals in the household? (Species / Breed / Ages)

Which family member is your dog most fond of? _____

Which sex is your dog most fond of? M / F

Please describe your dog's overall TEMPERAMENT: _____

What phrase describes your dog best?

- Beware of Dog _____
- Anxious Nelly _____
- Big old baby _____
- World's most friendly dog _____

BEHAVIOR TOWARDS DOGS:

Has your dog had the opportunity to play with other dogs? Y/N

Please explain: _____

How does your dog react to other dogs? (Generally)

In any situation, has your dog ever been aggressive toward or bitten another dog? Y/N

Please explain _____

BEHAVIOR TOWARDS PEOPLE:

How does your dog react to strangers? _____

Has your dog ever been aggressive toward or bitten someone? Y / N

If yes, describe: _____

Does your dog jump on people? Y / N

Do you walk your dog? Y / N How often? _____ Distance? _____

How does your dog do on a leash? _____

Do you think your dog is best suited to a walk on a leash, playtime with other dogs, or quiet

time in their private indoor/outdoor run? _____

What known behavioral problems does your dog have? _____

Does your dog have a circumstance or situation that he/she is frightened of? Y / N

If yes, describe: _____

Does your dog play with toys? Y / N What kind? _____

Does your dog have any health concerns that you are aware of? Y / N

Describe: _____

Is your dog currently on any medications? Y / N Describe: _____

Does your dog have any allergies? Y / N Describe: _____

Does your dog receive flea and tick preventative? Y / N

Brand: _____ Type: _____ Frequency: _____

Is there anything else that you believe we should know about your dog? _____