

Thank you for choosing The Crate Escape as your pup's daycare/grooming provider!

We strive to provide you and your pet with the highest quality of care. In order to do so, please provide us with a little information about yourself and your best friend by filling out this form and bringing it with you at the time of your canine evaluation.

\* All dogs must be spayed/neutered by 7 months of age. They must also be current on their Rabies, DHPP (Distemper, Hepatitis, Parvovirus, Parainfluenza) and Bordatella vaccinations as well as parasite prevention between the months of May-October. This must be completed by your vet a minimum of 48 hours prior to arrival for Daycare or Grooming. Proof must also be provided.

Pet's name: \_\_\_\_\_

Breed(s): \_\_\_\_\_

Defined Markings: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

(Please Circle)    Male/Female                      Neutered/Spayed

Have you had your dog since puppy-hood, or was he/she adopted?

\_\_\_\_\_

Has your dog attended a daycare facility before? If yes, how long ago?

\_\_\_\_\_

Does your dog attend off-leash dog parks, play dates, canine sporting events, etc.?

\_\_\_\_\_

Has your dog ever shown aggression towards other dogs? If yes, please describe circumstance(s).

\_\_\_\_\_

Has your dog ever been severely frightened or attacked? If yes, please describe circumstance(s).

\_\_\_\_\_

Has your dog ever shown aggression towards a human? If yes, please describe circumstance(s).

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Has your dog ever bitten anyone?

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Is your dog nervous of anything? (men, strangers, bikes, hats, noises, etc.)

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Is your dog possessive over food, toys, etc.? Please specify.

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Does your dog share well with other dogs?

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Does your dog enjoy playing with a certain type of dog? (male/female, size, breed, etc.)

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Does your dog have any previously existing health issues? (bad hips, epilepsy, ear infections, etc.)

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Does your dog have any allergies?

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Does your dog take any medications? If yes, please provide name of medication, any side effects, and how often.

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***Owner's/Guardian's Information:***

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

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

Phone Number(s): Work: \_\_\_\_\_ Cell: \_\_\_\_\_ Other: \_\_\_\_\_

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

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

Phone Number(s): Work: \_\_\_\_\_ Cell: \_\_\_\_\_ Other: \_\_\_\_\_

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

How did you hear about us?:

\_\_\_\_\_

***Emergency Contact Information:***

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

Phone Number: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_

(This person will be contacted if an emergency occurs and the owners/guardian cannot be reached)

Phone Number(s): Work: \_\_\_\_\_ Cell: \_\_\_\_\_ Other: \_\_\_\_\_

