

CRACKERDOG INFO SHEET

Owner Information

Today's Date _____

Last Name _____ First Name _____

Address _____

City, State and Zip _____

Home Phone (____) _____ Work Phone (____) _____

Cell Phone (____) _____

Email Address _____

Number of dogs in household _____

Owner #2 Information *(optional)*

Last Name _____ First Name _____

Address _____

City, State and Zip _____

Home Phone (____) _____ Work Phone (____) _____

Cell Phone (____) _____

Email Address _____

Emergency Contact Information

(other than the above information and the vet information)

Contact Name _____ Contact Phone (____) _____

Emergency Contact #2 *(optional)*

Contact Name _____ Contact Phone (____) _____

How did you hear about *Crackerdog*? _____

Dog Information

First Name _____ Last Name _____

Breed (if mixed, please guess) _____

Color/Description _____

Weight _____ Sex _____ Spayed or Neutered _____ DOB or approx age _____

Vet Clinic Name _____ Phone (____) _____

Please take the time to thoroughly fill out the questionnaire. It is lengthy, but will help us make your dog's stay more comfortable. Thank you.

Does your dog have any medical conditions? **YES** or **NO**
If yes, please explain.

Does your dog have allergies? **YES** or **NO**
If yes, what is he/she allergic to?

Does your dog take any medications? **YES** or **NO**
If yes, what is are the names of the medications?

What kind of food do you feed your dog? _____
How many cups (8 oz.) _____

Where or how did you get your dog (circle one)?
Breeder Shelter/SPCA Friend Found him/her Other: _____

How long have you had your dog? _____

Why did you get your dog (circle all that apply)?
Companion Hunting Protection For my kids Other: _____

Has your dog ever been to a training class? **YES** or **NO**
If yes, where? _____

Has your dog ever gotten out of a fenced area (circle all that apply)?
No Dug Out Jumped a ___ft High Fence Found a Hole Climbed

Where does your dog spend most of his time?

_____ %**INDOORS** _____ %**OUTDOORS**

Where does your dog sleep?

Dog bed **My bed** **Crate** **Floor** **Couch** **Other:** _____

Have you ever lost your dog? **YES** or **NO**
If yes, please explain how it happened?

Has your dog ever bitten another dog? **YES** or **NO**
If yes, please describe what happened.

Has your dog ever been attacked by another dog (circle all that apply)?

- A) **No**
 - B) **Yes, but I wasn't there**
 - C) **Yes, my dog responded by whimpering very loudly**
 - D) **Yes, my dog responded by fighting back**
 - E) **Yes, my dog was punctured (bitten) by the other dog**
- Other: _____

Has your dog ever bitten a human? **YES** or **NO**
If yes, please describe what happened.

If your dog has ever attended a Daycare or Boarding Facility, please choose the answer(s) that best fit your dog's experience?

- A) **Never been to Daycare or Boarded**
 - B) **My dog showed no signs of stress while there or when I dropped him off**
 - C) **My dog didn't get to play with other dogs**
 - D) **My dog did get to play with other dogs**
 - E) **Don't know (didn't get any feedback from the facility)**
- Other: _____

How does your dog act on a leash around other dogs (circle all that apply)?

- A) **Doesn't pay any attention to them**
 - B) **Lunges at them**
 - C) **Barks at them**
 - D) **Growls at them**
 - E) **Hides behind me**
- Other: _____

How does your dog play with other dogs?

- A) *He doesn't play with other dogs*
- B) *Lots of wrestling, growling, and biting*
- C) *Lite biting, some wrestling, and a little growling*
- D) *Chase*
- E) *Rolls on back and plays*
- Other: _____

How does your dog play at the dog park?

- A) *We don't go to dog parks*
- B) *Plays with the other dogs wrestling and chasing*
- C) *Stays by me*
- D) *Walks around sniffing other dogs not really playing*
- Other: _____

What command do you use to get your dog to do the following?

- | | |
|-----------------------------|-----------------------|
| <i>Come when called</i> | <i>command:</i> _____ |
| <i>Sit</i> | <i>command:</i> _____ |
| <i>Down</i> | <i>command:</i> _____ |
| <i>Stop doing something</i> | <i>command:</i> _____ |
| <i>Other:</i> _____ | <i>command:</i> _____ |

Please list your dog's favorite toys? _____
Is he protective of toys around people/dogs (please specify)? **YES** or **NO**

Has your dog ever shared his/her toys with other animals? **YES** or **NO**

Has your dog ever shown any aggression towards humans? **YES** or **NO**
If yes, please describe the situation.

Do you ever take your dog off-leash in an unfenced area? **YES** or **NO**
(don't worry, we will never ever do this)

Does your dog destructively chew? **YES** or **NO**
If yes, what items does he/she chew? _____

What is your dog's favorite place to be pet (circle all that apply)?

- Belly** **Head** **Ears** **Rump** **Back** **Don't Know** **Other:** _____

What games do you play with your dog (circle all that apply)?

- Tug-O-War** **Wrestling** **Keep Away** **Retrieving** **Other:** _____

Is your house trained?

YES **NO** **SORT OF**

Does your dog come when called?

All of the time **Most of the time** **Some fo the Time** **Never**

Choose the statement that best describes your dog's swimming ability.

Strong Swimmer **Likes to splash around** **Never Been**

How does your dog behave for grooming (bath, brushing and nails)?

Great **Good** **Okay** **Bad** **Very Bad**

Is your dog protective of any of the following around other dogs?
(circle all that apply)

Toys **Food** **Water** **People** **Treats** **None** **Don't know**

Can your dog have? (circle all that apply)

Squeaky Toys **Dog Bones** **Greenies** **Stuffed Animals** **Tennis Balls**

Is your dog afraid of (circle all those that apply):

Thunderstorms **Lightening** **Fireworks** **Loud Noises** **Other:** _____

Does your dog wear special gear besides a leash and a flat collar when you walk him/her? **YES** **NO**

If yes, what type of gear? _____

Has your dog ever reacted negatively to any of the following (put an "X")

____ Male Dogs ____ Men ____ Small Dogs ____ Hyper Dogs

____ Female Dogs ____ Women ____ Medium Dogs

____ Unaltered Dogs ____ Children ____ Large Dogs

Please list anything else we should know about your dog?

Please briefly describe your dog's daily routine.

I, _____, certify that all of the above information is correct.

Signature _____ Date _____

Contract for Services

***Please read and initial the following**

_____ Crackerdog uses Natural Balance Dog Food Rolls and Hotdogs for treats and to administer medicine.

_____ *Crackerdog* sometimes allows compatible dogs to play together unsupervised.

_____ Compatible dogs are sometimes allowed to board together.

_____ Because we are so small, we have the advantage of taking long term boarders on short trips to parks or car rides during the off-peak season.

_____ *Crackerdog* has the advantage of taking some dogs home with us if we believe the dog would be more comfortable.

_____ All Dogs must be current on vaccinations:

- Rabies every three years
- DHLLP annually
- Bordatella every year (although vets require it every 6 mo)

_____ All dogs must have a flat collar with a name tag on it (current Rabies tag is also preferred).

_____ In the event of an emergency, *Crackerdog* will attempt to notify the owner but not hesitate obtain medical treatment if the owner is not reached. Any medical costs will be charged to the owner.

_____ For the convenience of you and the staff, all drop off and pick up are by appointment only during the following hours: Mon-Fri 8-12 and 5-8 Sat 8-12 Sun 5-8. Please call if you are going to be early or late. Anytime appointments outside of these hours must be arranged ahead of time.

_____ *Crackerdog* has a 48 hours cancellation policy for regular stays and a nonrefundable nontransferable deposit is required for holidays.

I hereby agree to the above as owner of _____.
dog(s) name(s)

Owner's signature

today's date