

Mountain View Dog Retreat New Pet Application

OWNERS INFORMATION:

OWNER ON THE	14.		
Name	Email Address		
	City		
State Zip	Home Phone		
Work Cell			
PET INFORMATION			
Name	Birth Date	Weight lbs	
Sex: Female Male Breed/Color:			
		eutered (required at 6+ months)	
City Sta			
updated Rabies, Distemp	per and Bordetella.	o provide veterinary proof of cu	rrent and
EMERGENCY CONTAC	•	·	
Name		Relationship	
Home Phone	Work	Cell	
CANINE BEHAVIOR QU Is there any PERSON, ty with? Yes □ No □ If yes, pleas	pe of DOG, or SITUA	TION your pet seems to be unc	omfortable

We try to personalize your pets experience based on his/her personal needs. Does your pet

prefer one on one play time with humans or group play with other dogs?

Has your pet ever growled at or bit another PERSON or DOG? Yes No If yes, what were the circumstances? (Although we love all pets at Mountain View Dog Retreat, aggressive behavior towards other dogs or staff may result in your pet being asked not to return to doggy daycare/boarding.)
Can you take a food item away from your pet without him/her growling? Yes □ No □
Will your pet readily share toys with other dogs? Yes □ No □
Has your pet ever jumped a fence or barrier? Yes \square No \square If yes, how high was the barrier?
Are there any areas on your pet's body where he/she DOES NOT like to be touched by humans? Yes \square No \square If yes, where?
Are there any restrictions that should be placed on your pet's activities? Yes No If yes, what activities?
DIETS AND MEDICATIONS:
Is your pet on medication? Yes □ No □ If yes, please describe administration instructions:

Please bring your pets food in an airtight container such as a ziplock bag or tupperware container with feeding time and amount instructions.