

Cleveland Bed & Biscuit - Dog Application

18200 Brookpark Rd Suite A, Cleveland, OH 44135

Phone: (216) 400-7150

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clevelandbedbiscuit.info@gmail.com



Owner Information

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone (cell): _____ (home): _____ (work): _____

E-mail: _____

What is your preferred way to contact you? _____

How did you hear about us? _____

Is there any other person that is authorized to pick up your pet? _____

In the event of an emergency, whom should we contact if you are unavailable?

Name _____ Number _____ Relationship _____

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Dog Information

Canine Name: _____

Breed: _____ Color: _____ Age: _____

Birthday _____ or Rescue Day (if birthday not known): _____

Male Female Spayed/Neutered: Yes No

Has your dog been to a doggie day care or been boarded in the past? Yes No

Are there any restrictions that need to be placed on your dog's activities? Yes No

Please explain: _____

Dog Behavior Questions

Is there any person, type of dog, or situation your dog is uncomfortable with? Yes No

If yes, please explain:

How long have you had your dog? _____

Has your dog ever growled or bit another person or dog? _____

Has your dog jumped a fence or other barriers? Yes No

Can you take food away from your dog without them growling? Yes No

Are there any areas on your dog's body where he/she does not like to be touched by humans?

Yes No If yes where? _____

Has your dog been socialized with a large group of dogs before (10 or more)? Yes No

If adopted/rescued, do you know any back history?

Please check any behaviors that apply:

- | | | | |
|--|---|--|--|
| <input type="checkbox"/> General anxiety | <input type="checkbox"/> Separation anxiety | <input type="checkbox"/> Dominant behavior | <input type="checkbox"/> Playfulness |
| <input type="checkbox"/> High energy | <input type="checkbox"/> Medium energy | <input type="checkbox"/> Low energy | <input type="checkbox"/> Timid/fearful |
| <input type="checkbox"/> Dog aggressive | <input type="checkbox"/> Human aggressive | <input type="checkbox"/> Friendly | <input type="checkbox"/> Affectionate |

Feeding

How many times per day do you feed your dog? _____

What time(s) do you feed your dog? _____

How much per feeding does your dog receive? _____

Do you leave food out for your dog until it is gone or pick it up after a certain amount of time?

Does your dog receive treats? Yes No

If yes, about how many per day and when: _____

Additional comments for feeding instructions: _____

Medical Information

Does your dog have any allergies or other medical problems? If yes, please explain:

Does your dog take medication on a regular basis? Yes No

If yes, what is the medication?: _____

Medication schedule: _____

Has your dog ever had any surgeries? If yes, please explain and list any movement restrictions:

Flea Preventative Type: _____

Vet Information

My Veterinarian: _____ Phone: _____

By signing below I authorize the emergency contact(s) listed above to make medical decisions regarding my pet in my absence.

Signature: _____ Date: _____