

# Cleveland Bed & Biscuit - Dog Application

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## 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 \_\_\_\_\_

Name \_\_\_\_\_ Number \_\_\_\_\_ Relationship \_\_\_\_\_

## 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: \_\_\_\_\_