

# GOFETCH&BARKALOTT

## Canine Family Member Registration

### Parent Information

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

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

Home phone \_\_\_\_\_ Cell phone \_\_\_\_\_ Office phone \_\_\_\_\_

Emergency contact(s) Name and Phone \_\_\_\_\_

Vet's Name and address \_\_\_\_\_

Vet's Phone and Fax \_\_\_\_\_

Names of children and/or other pets \_\_\_\_\_

How did you hear about **GOFETCH&BARKALOTT**? \_\_\_\_\_

### Dog Information

Name: \_\_\_\_\_ Breed: \_\_\_\_\_ Weight \_\_\_\_\_ Color: \_\_\_\_\_

Birth date: \_\_\_\_\_ Gender: M F Date or Age Spayed or Neutered: \_\_\_\_\_

If adopted, do you know any history? \_\_\_\_\_

Microchip/Tattoo/Dog Tag/Maricopa License number \_\_\_\_\_

How did you acquire your dog? \_\_\_\_\_ Was he/she a puppy? \_\_\_\_\_

How long has your dog been in the family? \_\_\_\_\_

### Medical History / Vaccinations

Written proof of current required vaccinations and flea/tick treatment from your veterinarian is required. Your vet can email, fax or mail proof prior to your first pick up. We recommend that vaccinations be administered at least 3 days prior to pet's pick up. We will inspect at each pick up and treat with flea/tick preventative if your pet has not been treated within the last 30 days. Dogs showing signs of infestation at pick up may be rescheduled per cancellation policy.

Any medical history, recent or chronic, that we should be aware of? Please indicate below.

---

**Any Medications?**

Name of medication	Dose	# times/day	Special Instructions

Does your dog have any sensitive areas or "hot spots"? \_\_\_\_\_

Does your dog have hip displasia or joint sensitivity? \_\_\_\_\_

**Feeding Habits:**

Name of food: \_\_\_\_\_

Amount given at each feeding: \_\_\_\_\_

Known food allergies: \_\_\_\_\_

Additional feeding information: \_\_\_\_\_

Is your dog protective of its food? \_\_\_\_\_ Just a growl? \_\_\_\_\_ Snap or bite? \_\_\_\_\_

Is your dog allowed to have treats? \_\_\_\_\_ Peanut butter? \_\_\_\_\_ Ice cubes? \_\_\_\_\_

**Personality/Behavior:**

Has your dog received obedience training? \_\_\_\_\_ Security training? \_\_\_\_\_ Words to avoid? \_\_\_\_\_

Has your dog received behavioral modification training? \_\_\_\_\_ Details? \_\_\_\_\_

Commands or special words/phrases your pet understands: \_\_\_\_\_

Does your dog prefer men or women or is there no discernable preference? \_\_\_\_\_

Has your dog had any problems with Barking? \_\_\_\_\_ Chewing? \_\_\_\_\_ Housetraining? \_\_\_\_\_ Sharing? \_\_\_\_\_

Aggression? \_\_\_\_\_ Timidity? \_\_\_\_\_ Separation anxiety? \_\_\_\_\_ Socialization? \_\_\_\_\_

Does your dog have possession issues? If yes, please explain: \_\_\_\_\_

Is your dog comfortable around water? \_\_\_\_\_ Does your dog like to swim? \_\_\_\_\_

Does your dog enjoy playing with people? What activities? \_\_\_\_\_

How does your dog react to children? \_\_\_\_\_

Does your dog enjoy playing with other animals? \_\_\_\_\_

Is your dog an 'escape artist' i.e., opening doors, jumping over fences, digging trenches? If yes, please explain. \_\_\_\_\_

Please list anything that your pet is afraid of, i.e., thunder storms, hats, big people, other dog breeds, strangers at home or on walks, etc. \_\_\_\_\_

In ANY situation, has your dog ever bitten/been aggressive towards another dog? \_\_\_\_\_ If yes, please describe the situation.

In ANY situation, has your dog ever bitten/been aggressive towards a person? \_\_\_\_\_ If yes, please describe the situation.

Please list any other information you feel is necessary for us to know about your loved one in order to ensure a safe, happy and beneficial adventure while at **GOFETCH&BARKALOTT**, including any special instructions or requests.

\_\_\_\_\_  
Printed name

\_\_\_\_\_  
Signature

Date: \_\_\_\_\_

**GOFETCH&BARKALOTT**  
8953 West Wedgewood Drive  
Peoria, Arizona 85382  
623-GOFETCH  
623-933-7026 fax