

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
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