



Canine GameTime BOARDING Application

OWNER INFORMATION

Name:	Name:
Employer:	Employer:
Home Phone #:	Home Phone #:
Work Phone #:	Work Phone #:
Cell Phone #:	Cell Phone #:
Home Address:	
City, State & Zip:	
Email (home/work):	

Please identify best way to reach you during the day with an "*".

EMERGENCY CONTACT INFO

Name & Relationship to Owner:	
Phone:	Alternate Phone #:
Instructions in Case of Emergency:	

DOG INFORMATION

Dog #1	Dog #2
Name:	Name:
Male/Female:	Male/Female:
Breed:	Breed:
Color/Markings:	Color/Markings:
Age:	Age:
Size/Weight:	Size/Weight:
Spayed/Neutered (Y/N):	Spayed/Neutered (Y/N):
PA License #:	PA License #:
Microchip Info:	Microchip Info:

VETERINARIAN INFORMATION

Clinic Name & Address:
Vet Name:
Vet Phone #:



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Boarding Info

DOG Name/s:
FEEDING: BREAKFAST
LUNCH
DINNER
TREATS: Does your dog have any food allergies? Please specify. Is your dog allowed to have dog treats such as Milkbones? [If your dog has restrictions, please supply his/her special treats] If they are a chewer, please provide rawhide, or whatever they like to chew.
MEDICATIONS: MORNING EVENING
HEALTH: Specify type of HEARTWORM preventative used: Specify type of FLEA/TICK preventative used: DATE of last Fecal Exam: Health Concerns and/or Limitations:
General Info/Behavior: How long have you owned your dog? [If adopted, do you have any info about your dog's history?] Rate your Dog's energy level - "1" being very mellow and "10" being very high energy level Is your dog frightened by any noises or thunderstorms? If yes, describe behavior Has your dog ever jumped/climbed a fence; is he/she a 'DIGGER'?



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Where does your dog normally SLEEP (which room, in crate, on dog bed, or in your bed)?

Is your dog allowed on furniture at home... if yes, specify where & on what:

Is your dog a sock stealer, shoe snatcher, wastebasket diver, etc? Do they eat or just snatch things?

Name the commands your dog responds to (explain if not obvious):

What words do you use for things such as: going to the bathroom, going to bed, etc. ?

Specify the time of last bathroom break before bedtime; and what time they go out in the morning?

Favorite Activities/Forms of Play (fetch, tug-o-war, frisbee, etc.):

Water: Is your dog(s) allowed to play in the wading pool on hot days?

Behavior with Other Animals:

Are there other pets in your household; if so, what type & ages?

Has your dog had opportunities to socialize with other dogs? If so, in what environment (dog park, friend's home, etc.) , and how did they behave?

Only females -

Only males -

With males & females -

How does your dog behave when on a walk and you encounter another dog?

On Leash -

Off Leash -

Has your dog ever been in dog daycare? If so, how long ago, for how long, and why did you leave?

Is your dog willing to share the following with other dogs? Describe any aggressive behaviors

Food/Treats

Toys



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Has your dog ever snapped at or bitten another animal? Describe the incident.

Behavior with People:

Are there children in your household; if so, what ages?

Has your dog been around other children? If so, how do they behave around them?

Does your dog have opportunities to interact with adults outside of your household? If so, how do they behave?

How does your dog behave when on a walk when you encounter strangers?

On Leash –

Off Leash –

How does your dog behave when a stranger comes to your home?

Has your dog ever growled, snapped at or bitten any person? If so, describe the incident.

How did you hear about Canine GameTime?

Owner's Signature _____

Date: _____

Canine GameTime
www.caninegametime.com

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