Intake Form:

Owner Name	
Address	
Phone Number	
Cell Phone/Work #	
email	
Enclosed Pictures	Owner Yes/No Pick Up Person 1 Yes/No Person 2 Yes/No
Designated Pickup Person 2	Is this person an emergency contact? Yes No
Cell Phone Number	(We will call to verify their identity)
Address	
Designated Pickup Person 3	Is this person an emergency contact? Yes No
Cell Phone Number	(We will call to verify their identity)
Address	

Dog #1	
Type/Breed/Coloring	
Birthday	Spay/Neuter Yes/No
Trained for indoor potty?	Yes/No Astroturf Pee Pads Disposable Pee Pads
Microchip Number	
Food Sensitivities	
Behavior & Temperament	
Circle Treats Your Dog Can Have	Frozen Treat-Crumps–CrunchyO–Canned–Fresh–Chew–Ears-Bone

Dog #2	
Type/Breed/Coloring	
Birthday	Spay/Neuter Yes/No
Trained for indoor potty?	Yes/No Astroturf Pee Pads Disposable Pee Pads
Microchip Number	
Food Sensitivities	
Behavior & Temperament	
Circle Treats Your Dog Can Have	Frozen Treat-Crumps–CrunchyO–Canned–Fresh–Chew–Ears-Bone

Veterinary Name	
Phone Number	
Address	
My dog is on Flea & Tick Prevention	Yes No

Needed Before Booking Services	
Attached copies of vaccine records	Is the owner's name on the vaccination records? Yes/No
Attached pictures of my dog	
Signed Waivers Owner	
Signed Waivers Designated Pickup Person #2	
Written health and diet restriction instructions.	
Photos of designated pick-up people	

Owner's Name _____ Owner's Signature _____ Date: _____

If you have more dogs, more contacts, or more information, please put it on the back.