

# Application Form



Your name: \_\_\_\_\_

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

\_\_\_\_\_

\_\_\_\_\_

Email: \_\_\_\_\_

Phone Numbers: (Contact names and in order of preference)

Name: \_\_\_\_\_ (Hm) \_\_\_\_\_ (Wk) \_\_\_\_\_ (Mbl) \_\_\_\_\_

Name: \_\_\_\_\_ (Hm) \_\_\_\_\_ (Wk) \_\_\_\_\_ (Mbl) \_\_\_\_\_

## Emergency Contact:

Name: \_\_\_\_\_ Relationship to you: \_\_\_\_\_

Phone Numbers: (Hm) \_\_\_\_\_ (Wk) \_\_\_\_\_ (Mbl) \_\_\_\_\_

## Veterinarian:

Name of Practice: \_\_\_\_\_ Veterinarians Name: \_\_\_\_\_

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

\_\_\_\_\_

\_\_\_\_\_

Phone Number: \_\_\_\_\_

In the case of a medical emergency, please indicate which option applies:

Please contact me and take my dog to my preferred vet.

Please contact me and take my dog to the nearest vet for immediate assistance.

# Dog's Profile

Name: \_\_\_\_\_ Sex: \_\_\_\_\_ Breed: \_\_\_\_\_ Colour: \_\_\_\_\_

D.O.B/Age: \_\_\_\_\_ Desexed: Y / N

How long have you owned your dog for? \_\_\_\_\_

If your dog is adopted, do you know their history or background? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

How does your dog react in a social situation? (i.e. at the dog park or meeting other dogs in public)

\_\_\_\_\_

Has your dog ever showed signs of aggression or fear? Yes / No.

If Yes, under what circumstances. \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Does your dog have any issues with other animals, cats etc or smaller dogs? \_\_\_\_\_

Is your dog possessive/aggressive of toys at all? Yes / No

If yes, how does he/she react? \_\_\_\_\_

Has your dog had any obedience training? Yes / No

What commands is your dog used to hearing? (Sit, stay etc) \_\_\_\_\_

\_\_\_\_\_

Is your dog a jumper? Yes / No. If Yes up to what height? \_\_\_\_\_

Does your dog have any allergies or medical conditions we should be aware of including if they're on a special diet? \_\_\_\_\_

\_\_\_\_\_

I understand that I will be held accountable for any veterinary costs in the event that my dog causes injury to another dog, Signature \_\_\_\_\_ Date \_\_\_\_\_