



1548 West 117<sup>th</sup> Street | Lakewood, OH 44107  
Phone: (216) 651-0873 | FAX: (216) 651-0941  
info@innthedoghouse.com

## Client Information

### Pet Parents' Information:

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Spouse/Partner's First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

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

Phone: Cell #1: \_\_\_\_\_ Cell #2: \_\_\_\_\_

Work: \_\_\_\_\_ Home: \_\_\_\_\_

Best way to contact you: \_\_\_\_\_

How did you hear about Inn The Doghouse? \_\_\_\_\_

Reason for using Inn The Doghouse? \_\_\_\_\_

### Pet Information:

Name: \_\_\_\_\_ Cat or Dog

Breed: \_\_\_\_\_ Color: \_\_\_\_\_

Male or Female? Spayed or Neutered? If not, when? \_\_\_\_\_

Date of birth: \_\_\_\_\_ Weight: \_\_\_\_\_

Name: \_\_\_\_\_ Cat or Dog

Breed: \_\_\_\_\_ Color: \_\_\_\_\_

Male or Female? Spayed or Neutered? If not, when? \_\_\_\_\_

Date of birth: \_\_\_\_\_ Weight: \_\_\_\_\_

### Emergency Contact Information (different household than owner):

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Cell: \_\_\_\_\_ Work: \_\_\_\_\_ Home: \_\_\_\_\_

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Cell: \_\_\_\_\_ Work: \_\_\_\_\_ Home: \_\_\_\_\_

Others authorized to pick up my dog: \_\_\_\_\_

\_\_\_\_\_

**Veterinarian Information:**

Primary Clinic: \_\_\_\_\_

Preferred Doctor: \_\_\_\_\_ Phone #: \_\_\_\_\_

Is your pet on regular flea/tick preventative? Yes or No?

Does your pet take medications on a regular basis? Yes or No?

Medication: \_\_\_\_\_ Dosage: \_\_\_\_\_

Reason for taking: \_\_\_\_\_

Medication: \_\_\_\_\_ Dosage: \_\_\_\_\_

Reason for taking: \_\_\_\_\_

Does your pet have allergies?: Yes or No?

Food Related: \_\_\_\_\_ Medication: \_\_\_\_\_ Seasonal: \_\_\_\_\_

Does your pet have previous injuries?: Yes or No?

If yes, please explain: \_\_\_\_\_

**More about your pet:**

Where did you find your pet? Rescue Store Shelter Stray  
Breeder Other: \_\_\_\_\_

How long have you had your pet?: \_\_\_\_\_

Are there any areas on your pet(s) where they do not like to be touched?

Yes or No? If yes, explain: \_\_\_\_\_

My pet is (circle all that apply): Shy Mellow Active  
Excitable Anxious

Has your pet socialized with other animals: Yes or No?

Where? Dog Park Daycare One-on-One Other: \_\_\_\_\_

My pet interacts best with: Big Dogs Small Dogs Humans All

My pet has (circle all that apply): Bitten Growled Snarled Bared Teeth

Other threatening behavior: \_\_\_\_\_

Circumstance: \_\_\_\_\_

My pet is easily scared by: \_\_\_\_\_

Has your pet jumped a fence or other barrier? Yes or No?

How high?: \_\_\_\_\_

Past training history: In Home Group Classes Private None

By whom?: \_\_\_\_\_

Any additional information you would like Inn The Doghouse to know about your pet?:

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

I acknowledge that all above information is correct:

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date