

The Mutt Manor

Intake Form

Owner/Guardian Name:

Dog's Name:

Dog's Age:

Breed:

Sex: M F

Weight of Dog:

Spayed/Neutered: Yes No

Is your dog microchipped? Yes No

Chip #:

Is your dog housebroken? Yes No

Is your dog familiar with a doggie door? Yes No

How long have you owned your dog?

Where did you get your dog?

Who is authorized to pick up your dog? Please list their phone number

Health History: please list any medical problems, surgeries, physical limitations or ailments

Are there any health, medical, physical or other restrictions that limit your dog's activity? Yes No

If Yes, please list:

Any allergies or sensitivities? Yes No

If Yes, please list:

Type of flea prevention your dog is currently on:

Date of last treatment:

Type of heartworm preventative medication:

Date of last treatment:

Has your dog been socialized with other dogs and people outside your home? Yes No

What is your dog's typical play style when playing with housemates? Check all that apply

Rowdy High energy Bully Humper
 Chaser Cooperative Vocal Tackler
 Wrestler Laid back Doesn't

Is your dog reactive to other dogs (familiar or unfamiliar)? Yes No

If yes, please indicate what behaviors he/she exhibits.

Does your dog routinely fear/dislike or react to any other type of dog (ie, big dogs)? Yes No

If yes, please explain.

Are there any specific types of people or situations your dog dislikes? Yes No

If yes, please describe.

Does your dog object to being bathed? Yes No

Does your dog object to having their nails trimmed? Yes No

Does your dog object to being handled by a stranger? Yes No

Does your dog pee when excited? Yes No When submissive? Yes No

How does your dog react to strangers? check all that apply

Submissive/Shy/Fearful Relaxed/Calm Dominant
 Always friendly Friendly once familiar Hyper/Busy
 Playful Aggressive/Reactive Nervous/Cautious

Please provide additional information if applicable.

Has your dog ever growled, barred teeth, snapped, lunged at, barked at, bitten or reacted in any other "inappropriate" way towards a person? Yes No

If yes, please provide information as to what caused this reaction (if known).

Does your dog bark excessively? Yes No
If yes, please describe circumstances.

Is your dog an "escape artist," either by digging under or jumping fences? Yes No
If yes, please describe (include fence height if applicable).

Does your dog try to run away if he/she gets out? Yes No
Does your dog come when called? Yes No

Does your dog exhibit destructive behavior (scratching, chewing furniture, etc)? Yes No
If yes, please describe.

Does your dog have any resource guarding tendencies (not letting other dogs/humans near) with:
___food ___toys ___bed/furniture ___other

Does your dog like to be petted? Yes No
If yes, where?

Any areas your dog doesn't like to be touched? Yes No
If yes, where?

Does your dog have separation anxiety? Yes No
Is your dog crate trained? Yes No
Is your dog afraid of loud noises (such as thunderstorms)? Yes No
If yes, please describe reaction.

What is your dog's normal activity level?
___Low ___Average ___High

What type and how much exercise does your dog routinely get?

What sort of play/games does your dog enjoy most?

___Fetch/Retrieve

___Chase

___Tug of War

___Other (please list)

Has your dog ever been to a boarding facility? Yes No

How did your dog respond?

Any issues we should be aware of?

Does your dog have any special needs or considerations? Yes No

If yes, please describe.

Is there any additional information not covered in this intake form that we need to know about your dog?