

Emma Marie's Grooming & Daycare

19R County Road, Mattapoisett, MA 02739

Phone 508-758-8276

Fax - 508-758-8213

(This form must be brought in or faxed to us prior to scheduling daycare consultation.)

Owner Information

Name(s) : _____ Date: _____

Address: _____

Cell: _____ Home Phone: _____ Secondary Phone: _____

E-Mail: _____

Emergency Contact Name: _____ Phone: _____

Is This Person Authorized To Make Medical Decisions for Your Pet: Yes _____ No _____

Vet Name: _____

Dog's Information

Dogs Name: _____ Breed: _____ Color: _____

Birthdays/Age: _____ Male or Female _____ Spayed or Neutered _____

(If older than 6 months must be spayed/neutered)

How long have you had your dog? _____.

Where did you get your dog? Shelter/Rescue _____ Breeder _____ Other _____

We require all dogs that have recently been adopted to have a 30 day waiting period before starting daycare to insure that dog are in good health and to give owner a better idea of temperament.

How often does your dog board? Often _____ Occasionally _____ Rarely _____ Never _____

Has your dog had any issues while boarding? Yes _____ No _____

If yes, please describe: _____

Which words describe your dog's personality? (circle all that apply)

- | | | | |
|--------------------|-------------|-----------|----------|
| Verbally Sensitive | Independent | Clingy | Outgoing |
| Timid | Reserved | Excitable | Mouthy |
| Affectionate | Confident | Playful | |
| Pushy | Submissive | Gentle | |

Which best describes your dog's activity level?

Turbo Charged _____ Moderate _____ Couch Potato _____ Other: _____

Please circle that which best describes your dog's experience with other dogs:

- | | |
|--|--|
| None - no experience with other dogs | Minimal – on lead encounters only |
| Moderate – some off-lead playtime with | Extensive – Regular visits to dog parks, daycare, social events... |

Are there any situations that might stress your dog: (circle all that apply)

- | | | |
|-------------------------|---------------|-------------------|
| Grabbing Collar | Touching head | Around other dogs |
| Hugging | Touching paws | Leashing/On Leash |
| Touching while sleeping | Touching Tail | Other _____ |

Any behaviors you have seen your dog exhibit when stressed: (circle all that apply)

- | | | |
|----------|-------------|-------------|
| May bite | Barks | Moves Away |
| Growl | Shows Teeth | Other _____ |
| Snap | Trembles | |

Has your dog ever bitten a person? Yes _____ No _____

Has your dog ever bitten another dog? Yes _____ No _____

Is there anything else we should know about your dog: _____

Which flea/tick medication does your dog use? _____.

Does your dog have any food allergies or a sensitive stomach? If so, what is she/he not allowed to eat? _____.

Does your dog have any medical conditions we should be aware of?

(hip dysplasia, disk disease, hot spots, chronic ear infections, growth, seizures, etc.)

How did you hear about us? _____

Was your dog recently rescued from a shelter? _____