

Emma Marie's Grooming & Daycare Dartmouth

14 Ventura Drive, North Dartmouth, MA 02747

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(This form must be brought in, faxed or emailed 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: _____

BirthDay/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 park, 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

Snaps

Trembles

Other: _____

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? _____

Any Additional Notes:

