

**Emma Marie's Grooming & Daycare**

**19R County Road, Mattapoisett, MA 02739**

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**(This form must complete 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 YourPet: Yes \_\_\_\_\_ No \_\_\_\_\_

Vet Name: \_\_\_\_\_

**Dog's Information**

Dogs Name: \_\_\_\_\_ Breed: \_\_\_\_\_ Color: \_\_\_\_\_

Birthdate/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	Snap	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/comments:

\_\_\_\_\_

\_\_\_\_\_