



Interview Checklist

Owner Information

Name: _____

Address: _____

City: _____ Zip: _____

Home Phone: _____ Work Phone: _____

Cell Phone: _____

Emergency contact in case we cannot reach you:

Name: _____ Phone: _____

Pet Information

#1 Name: _____ Breed: _____

Spayed/Neutered? _____ Color: _____ Weight: _____

Age: _____ Birthday: _____

#2 Name: _____ Breed: _____

Spayed/Neutered? _____ Color: _____ Weight: _____

Age: _____ Birthday: _____

Veterinary Information

Hospital/Clinic Name: _____

Phone: _____

How did you hear about K9 Camp & Resort? _____



How long have you had your dog:_____

Where did you get your dog:_____

If adopted, do you have any information on your dog's history:_____

Which flea/tick preventative do you use:_____

When was it last administered:_____

Does your dog have any health issues that would cause restrictions on activities or movement?_____

Allergies?_____ Dietary Restrictions?_____

Does your dog go to a dog park?_____

If yes, how does he/she get along?_____

Has your dog had a recent fecal examination?_____ Date:_____

Are there any people or activities your dog automatically fears or dislikes?_____

Has your dog ever growled or snapped at anyone who has tried to take food or toys away?_____

Has your dog ever bitten anyone?_____



Has your dog ever climbed a fence? _____

Feeding Instructions (boarding clients) _____

Any other information that would help us better provide for your dog? _____
