



Visit 1-Interview  
 Addition Family Member  
 Registered Guest Updated

## CANINE INN CHECK IN & GUARDIAN INFORMATION

Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_  
 Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
 Work Phone: \_\_\_\_\_  
 Email Address: \_\_\_\_\_  
 Are you applying for:  Daycare  Boarding  Both

### EMERGENCY CONTACT INFORMATION

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
 Work Phone: \_\_\_\_\_  
 Veterinarian: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_  
 Phone: \_\_\_\_\_

How did you hear about us? We like to reward our referrals: \_\_\_\_\_

### GUEST PROFILE

Dog's Name: \_\_\_\_\_ Dog's Breed: \_\_\_\_\_ (No Pitbulls)  
 Dog's Sex \_\_\_\_\_ Spayed or Neutered?  No  Yes  
 Dog's Age \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Dog's Weight \_\_\_\_\_  
 Are there any children in the household? \_\_\_\_\_  
 Have you used doggy daycare / boarding for your dog?  No  Yes @ \_\_\_\_\_  
 What are your reasons for bringing your dog to the Canine Inn?  
 Loves To Play  Travel Extensively  Don't Like To Leave Alone All Day  
 Other \_\_\_\_\_

### DOG BEHAVIOR QUESTIONS

Is your dog housetrained?  No  Yes  Paper trained  
 Has your dog had any obedience training?  No  Yes  Home  Class  Professional Trainer

Personality Quirks: *Check all that apply:*

Dog Aggressive  People Aggressive  Toy Possessive  
 Food Possessive  Escape Artist  Marks A lot  
 Jumps on People  Fence Jumper  Digs  
 Separation Fears  Runs Away  Barks A lot  
 Chews  Picky Eater  Shy

Energy Level:  High  Medium  Low

Check all situations where your dog may become unfriendly:

Grabbing collar  Hugging  Touching ears  Touching paws  Touching mouth  
 Touching tail  Touching while sleeping  Removing from furniture  
 Around other dogs  Other \_\_\_\_\_

Describe your dog's unfriendly behavior.

Will bite  May bite  Growls  Snaps  Shows Teeth  
 Freezes  Trembles  Moves away  
 Has your dog ever bitten a person?  No  Yes

Has your dog ever bitten another dog? \_\_\_No \_\_\_Yes

Has your dog ever socialized with a large group of dogs? \_\_\_No \_\_\_Yes.

Please describe: \_\_\_\_\_  
\_\_\_\_\_

Are there any restrictions that should be placed on your dog's activities? \_\_\_No \_\_\_Yes

If yes, what are the restrictions? \_\_\_\_\_

At feeding times does your dog eat: Quickly / Slowly

Have you ever boarded your dog? \_\_\_No \_\_\_Yes

If yes, please describe your dog's experience. \_\_\_\_\_  
\_\_\_\_\_

Does your dog engage in any unusual or repetitive behavior? \_\_\_No \_\_\_Yes

Please explain: \_\_\_\_\_

**MEDICAL**

Is your dog allergic to any type of food? \_\_\_No \_\_\_Yes

If yes, please describe the allergy and the reaction: \_\_\_\_\_  
\_\_\_\_\_

Is your dog allergic to any medications? \_\_\_No \_\_\_Yes

If yes, please list the medications and describe the reaction: \_\_\_\_\_  
\_\_\_\_\_

Does your dog have any old or current injuries or health concerns? \_\_\_No \_\_\_Yes

Please explain: \_\_\_\_\_

Is your dog taking any medication now? \_\_\_No \_\_\_Yes

If yes, please name the medication(s) and the reason(s): \_\_\_\_\_  
\_\_\_\_\_

**DIET**

Will you bring your dog's food to the Canine Inn? \_\_\_No \_\_\_Yes

Feedings: Morning Quantity \_\_\_\_\_ Special Instructions \_\_\_\_\_

Afternoons Quantity \_\_\_\_\_ Special Instructions \_\_\_\_\_

Evenings Quantity \_\_\_\_\_ Special Instructions \_\_\_\_\_

**Person(s) Authorized to Drop-Off and/or Pick-Up My Dog(s):**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

As the guardian/owner of \_\_\_\_\_, I agree to and bound by the policies and procedures of the Canine Inn as they may be amended. I understand that my dog may be denied access to the Canine Inn if he/she fails to comply with all rules, policies, and procedures. I have reviewed and understand the current policies and procedures of the Canine Inn.

\_\_\_\_\_  
Guardian's name (please print)

\_\_\_\_\_  
Guardian's signature \_\_\_\_\_ / \_\_\_\_\_  
Date

\_\_\_\_\_  
The Canine Inn Representative \_\_\_\_\_ / \_\_\_\_\_  
Date