The Hound Hut Pet Application

Name:		_	
Address:	City	State	Zip
Home Phone ()	- Work Phone ()	- Cell ()	-
How did you hear about	The Hound Hut?		
In Case of Emergency ((Contact)		
Name:		<u> </u>	
Address:			Zip
Home Phone ()	- Work Phone () - Cell ()	-
Veterinarian:			
Name:	Phone	e() -	
Address:	City	State	Zip
Pet Information			
Name:	Sex M/F	Spayed/ Neutered	l Y/N
Age:	Birthday:	Breed:	
Color:	Weight	Microchip Y / N #\	
Feeding Schedule:			
Brand and Type of Food			
Are treats allowed? Y / 1			

Does your dog have any health concerns? Y/N Describe:	
Does your dog have any medical restriction on his/her activities? Y Describe:	// N
Is your dog currently on any medication? Y / N Describe:	
Does your dog have any allergies Y / N Describe:	
Does your dog receive flea and tick preventative? Y / N Brand: Type Frequency	
Is there anything else you would like to tell us about your dog?	
When would you like to start?	
Do you walk your dog? Y / N How often?	Distance?
What other type of exercise does your dog receive? How often?	
Does your dog have a known behavioral problem?	

Is your dog housebroken or crate trained?	
Does your dog play with toys? Y/N What kind:	
Does your dog know any commands? Y / N If yes describe:	
What special commands does your dog know?	
Bathroom Command:	Quiet Command:
Play Command:	
If you have multiple dogs do they eat together? Y / N If no describe	
How does your dog generally react to other dogs: Inside the home:	
Has your dog ever participated in play at a dog park? If yes how did he/she react with other dogs?	Y/N

How does your dog react to strangers?

Has your dog ever bitten anyone? Y / N If yes describe:

Has your dog ever escaped or attempted to escape by digging/jumping or climbing fences? Y / N If yes describe: