

The Mutt Manor

Intake Form

Owner/Guardian Name:

Phone Number:

Dog's Name:

Dog's Age:

Breed:

Sex: M F

Weight of Dog:

Spayed/Neutered: Yes No

Is your dog microchipped: Yes No

Chip #:

Is your dog housebroken? Yes No

Is your dog familiar with a doggie door? Yes No

How long have you owned your dog?

Where did you get your dog?

Who is authorized to pick up your dog? Please list their phone number

Health History: please list any medical problems, surgeries, physical limitations, allergies or ailments and any restrictions they may have.

Type of flea prevention your dog is currently on:

Date of last treatment:

Type of heartworm preventative medication:

Date of last treatment:

Has your dog been socialized with other dogs and people outside your home? Yes No

What is your dog's typical play style when playing with housemates? Check all that apply

<input type="checkbox"/> Rowdy	<input type="checkbox"/> High energy	<input type="checkbox"/> Bully	<input type="checkbox"/> Humper
<input type="checkbox"/> Chaser	<input type="checkbox"/> Cooperative	<input type="checkbox"/> Vocal	<input type="checkbox"/> Tackler
<input type="checkbox"/> Wrestler	<input type="checkbox"/> Laid back	<input type="checkbox"/> Doesn't	

Is your dog reactive to other dogs (familiar or unfamiliar)? Yes No

If yes, please indicate what behaviors he/she exhibits and if there are certain types of dogs they react to (ie big dogs, dogs that bark, etc)

How does your dog react to strangers? check all that apply

<input type="checkbox"/> Submissive/Shy/Fearful	<input type="checkbox"/> Relaxed/Calm	<input type="checkbox"/> Dominant
<input type="checkbox"/> Always friendly	<input type="checkbox"/> Friendly once familiar	<input type="checkbox"/> Hyper/Busy
<input type="checkbox"/> Playful	<input type="checkbox"/> Aggressive/Reactive	<input type="checkbox"/> Nervous/Cautious

Please provide additional information if applicable.

Has your dog ever growled, barred teeth, snapped, lunged at, barked at, bitten or reacted in any other "inappropriate" way towards a person? Yes No

If yes, please provide information as to what caused this reaction (if known).

Is your dog an "escape artist," either by digging under or jumping fences? Yes No

If yes, please describe (include fence height if applicable).

Does your dog exhibit destructive behavior (scratching, chewing furniture, etc)? Yes No

If yes, please describe.

Will your dog destroy/chew on a bed or blanket? Yes No

Does your dog have any resource guarding tendencies (not letting other dogs/humans near) with:
____food ____toys ____bed/furniture ____other

Are there any areas your dog doesn't like to be touched/petted? Yes No
If yes, where?

Does your dog have separation anxiety? Yes No
Is your dog crate trained? Yes No
Is your dog afraid of loud noises (such as thunderstorms)? Yes No
If yes, please describe reaction.

Has your dog ever been to a boarding facility? Yes No
How did your dog respond? Any issues we should be aware of?

Does your dog have any special needs or considerations? Yes No
If yes, please describe.

Is there any additional information not covered in this intake form that we need to know about your dog?