

# Customer Information Sheet

The Dog House, LLC 2010 S Yost Ave. Bloomington, IN 47403 - Jim Dasenbrock, Owner

## Client Information

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

Spouse/Dog Co-Owner Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

Please provide a valid e-mail address as reservation confirmations and updates are sent via e-mail. Your e-mail will not be used for solicitation.

## Emergency Contact

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

## Other people authorized to pick up your pets

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

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

## Vet Information

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

Address: \_\_\_\_\_

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

Do you authorize The Dog House to seek medical care at a vet other than the one listed above in the event of emergency? Yes No If yes, please sign here: \_\_\_\_\_

## General Information

How did you hear about The Dog House? \_\_\_\_\_

Does your dog jump or climb fences? \_\_\_\_\_

Does your dog like to dig? \_\_\_\_\_

Has your pet been to daycare or boarded before? If so, where?

\_\_\_\_\_

**Pet Information**

Pet Name(s): \_\_\_\_\_

Sex: \_\_\_\_\_ Birth Date: \_\_\_\_\_ Weight: \_\_\_\_\_ Color: \_\_\_\_\_

Breed: \_\_\_\_\_

Spayed/Neutered? Yes \_\_\_\_\_ No \_\_\_\_\_

Describe your pet's temperament (ex. Aggressive with people, other dogs or food? Afraid of storms?)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Does your pet have any medical conditions/allergies? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please describe: \_\_\_\_\_

\_\_\_\_\_

**Medications**

Type: Pill \_\_\_\_\_ Liquid \_\_\_\_\_ Ointment \_\_\_\_\_ Other \_\_\_\_\_

Dose: \_\_\_\_\_

When to administer: \_\_\_\_\_

Reason for medication: \_\_\_\_\_

\_\_\_\_\_

**Feeding**

Type of food: Wet \_\_\_\_\_ Dry \_\_\_\_\_ Both \_\_\_\_\_ Other \_\_\_\_\_

Amount per feeding: \_\_\_\_\_ Number of times per day: \_\_\_\_\_

Is your dog allowed to have treats? \_\_\_\_\_

Is your dog allowed to have any other food other than the food you provide? Yes \_\_\_\_\_ No \_\_\_\_\_

If you have more than one dog, may they be fed together? Yes \_\_\_\_\_ No \_\_\_\_\_

**Signature**

Client Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Client Name: \_\_\_\_\_