



HOUNDS TOWN USA

CONTACT INFORMATION

Name(s): _____

Address: _____ City: _____ Zip: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Email address: _____

** I authorize Hounds Town USA to charge my credit card ending in _____ for payment of services provided.*

Signature: _____

Where did you hear about us? We like to reward our referrals.

T.V. _____ Pet Expo _____ Internet Search _____ Facebook _____ Instagram _____

Animal Hospital/Vet: _____ Another Hounds Town: _____ Customer: _____

I am interested in: Daycare _____ Boarding (dates: _____)

EMERGENCY CONTACT INFORMATION (someone other than yourself)

Name: _____ Phone: _____

Vet's Office: _____ Vet's Phone Number: _____

DOG'S PROFILE

Dog's Name: _____ Sex: _____ Spayed or Neutered: _____

Breed: _____ Birth Date: _____ Weight: _____ Color: _____

Has your dog attended daycare before? _____ If so, where? _____

Has your dog been boarded before? _____ If so, where? _____

Is your dog on a flea and tick preventative? _____

Does your dog have any health problems that require special attention? _____

Does your dog take medication? _____ If so, what for? _____ How often? _____

How does your dog react to strangers? _____

Is your dog frightened by noises? Fireworks _____ Vacuum _____ Thunder _____ Other: _____

Has your dog ever jumped or climbed over a fence? _____ How high? _____

Does your dog have problems in any of the following areas?

Jumping	Excessive Barking	Eating Foreign Objects	Leash Aggression	Biting
Food/Toy Aggression	Separation Anxiety	Being Crated	Growling	

Energy Level

1 2 3 4 5 6 7 8 9 10