

1548 West 117th Street | Lakewood, OH 44107
Phone: (216) 651-0873 | FAX: (216) 651-0941
info@innthedoghouse.com

7420 Tyler Boulevard | Mentor, OH 44060
Phone: (440) 527-8036 | FAX: (440) 527-8143
mentor@innthedoghouse.com



Client Information

Pet Parents' Information:

First Name: _____ Last Name: _____

Spouse/Partner's First Name: _____ Last Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Email: _____

Phone: Cell #1: _____ Cell #2: _____

Work: _____ Home: _____

Best way to contact you: _____

How did you hear about Inn The Doghouse? _____

Reason for using Inn The Doghouse? _____

Pet Information:

Name: _____ Cat or Dog

Breed: _____ Color: _____

Male or Female? Spayed or Neutered? If not, when? _____

Date of birth: _____ Weight: _____

Name: _____ Cat or Dog

Breed: _____ Color: _____

Male or Female? Spayed or Neutered? If not, when? _____

Date of birth: _____ Weight: _____

Emergency Contact Information (different household than owner):

First Name: _____ Last Name: _____

Cell: _____ Work: _____ Home: _____

First Name: _____ Last Name: _____

Cell: _____ Work: _____ Home: _____

Others authorized to pick up my dog: _____

Veterinarian Information:

Primary Clinic: _____

Preferred Doctor: _____ Phone#: _____

Is your pet on regular flea/tick preventative? Yes or No?

Does your pet take medications on a regular basis? Yes or No?

Medication: _____ Dosage: _____

Reason for taking: _____

Medication: _____ Dosage: _____

Reason for taking: _____

Does your pet have allergies?: Yes or No?

Food Related: _____ Medication: _____ Seasonal: _____

Does your pet have previous injuries?: Yes or No?

If yes, please explain: _____

More about your pet:

Where did you find your pet? Rescue Store Shelter Stray
Breeder Other: _____

How long have you had your pet?: _____

Are there any areas on your pet(s) where they do not like to be touched?

Yes or No? If yes, explain: _____

My pet is (circle all that apply): Shy Mellow Active
Excitable Anxious

Has your pet socialized with other animals: Yes or No?

Where? Dog Park Daycare One-on-One Other: _____

My pet interacts best with: Big Dogs Small Dogs Humans All

My pet has (circle all that apply): Bitten Growled Snarled Bared Teeth

Other threatening behavior: _____

Circumstance: _____

My pet is easily scared by: _____

Has your pet jumped a fence or other barrier? Yes or No?

How high?: _____

Past training history: In Home Group Classes Private None

By whom?: _____

Any additional information you would like Inn The Doghouse to know about your pet?:

I acknowledge that all above information is correct:

Signature

Date