



The Dog House Inn, Inc.
8525 Forest St., Ste. D
Gilroy, CA 95020
408-842-5600

www.TheDogHouseInn.com

Enrollment Questionnaire

Please complete and sign. Please return by email to TheDogHouseInn@gmail.com, fax to 408-842-6655, or simply drop it off. All forms must be submitted and reviewed before dropping your dog/s off. Thank you, and we look forward to meeting you and your dog/s!

Owner:

Name _____ Spouse/Partner _____
Address: _____ City _____ State _____ Zip _____
Home Phone _____ Work Phone _____ ext _____
Cell Phone _____ E-Mail _____

Emergency Contact #1 (do not need to fill out for each additional pet)

Name _____
Address: _____ City _____ State _____ Zip _____
Home Phone _____ Work Phone _____ ext _____
Cell Phone _____ E-Mail _____

Emergency Contact #2 (do not need to fill out for each additional pet)

Name _____
Address: _____ City _____ State _____ Zip _____
Home Phone _____ Work Phone _____ ext _____
Cell Phone _____ E-Mail _____

Who may your dog(s) be released to? (do not need to fill out for each additional pet)

Name _____ Phone _____
Name _____ Phone _____

Dog/Guest Information:

Name: _____ Age _____ Date of Birth _____
Breed _____ Color _____ Microchip Number _____
Sex: Male / Female Altered: Yes / No Weight: _____

Veterinarian:

Clinic name _____ Doctor _____
Address _____ City _____ State _____ Zip _____
Phone _____ After hours phone _____

Do we have authorization to contact regarding health status and preventive care history of this pet? _____ **Please initial** _____ **date** _____

Proof of vaccinations is required. Your veterinarian is welcome to fax this proof to us at 408.842-6655. **All vaccines need to be given at least 7 days prior to boarding**

Flea prevention is required on all pets monthly. We are not responsible if your dog has fleas.

What brand of Flea Prevention is used on this dog? _____
When it was last applied? _____ Is this dog on Heartworm Prevention? _____

Current Medical History:

Is this dog currently under the care of a veterinarian? Yes No
For what medical condition? _____
How long has this pet been under treatment? _____
What is the long term prognosis for this dog? _____
Is medication given on a regular basis? Yes No, Name of medication/s: _____
How is each medication administered? _____
How is the medication stored? _____
What special accommodations are needed for this dog? _____

Previous Medical History:

Has this dog ever had major surgery? Yes No Type of surgery _____
Did this dog handle surgery and recovery well? Yes No If No, please explain: _____

Has this dog had seizures? Yes No If yes, how often? _____
Has this dog ever had a broken bone? Yes No Which bone? _____ When? _____
Does this dog have a history of vaccine reactions? Yes No Which vaccine? _____
Does this dog have a history of allergic reactions to bug bites / bee stings? Yes No
If yes, medications used for reaction? _____
Any previous joint injury or lameness? Yes No, if yes, which limb? _____

Behavior History:

Dogs with a history of biting or having been in a dog fight are not turned away from our facility, but may require a more in-depth consultation with Dog Behavior Rehab staff members.
Overall temperament with other dogs? _____
Has this dog ever bitten anyone? Yes No Ever been in severe dog fight? Yes No
Please explain when and how this happened? _____
Was this event reported to animal control? Yes No What city/county? _____
How does this dog react when you try put the leash on? _____
Does this dog react on leash at the site of another animal? Yes No
What type of animal will cause a reaction? _____
What type of reaction, and how do you control it? _____

Has this dog ever played at a dog park or freely off leash with other dogs? _____
Was this a positive experience? Yes No if no, please explain: _____

How does this dog react when left home alone? _____
When left alone, where does this dog spend time? _____
Does this dog try to jump fences? Yes No Height of fence? _____
Does this dog try to dig under fences? Yes No What type of fence? _____
Has this dog been boarded before? Yes No Was this a positive experience? _____
Is this dog frightened of loud noises, thunderstorms, fireworks? Yes No
If yes, what type of reaction, and how do you control? _____

Is this dog more fond of men or women? _____ Like Children? Yes No Not sure
Is this dog fearful of hats, sunglasses, large coats, facial hair? Yes No
Is there any part of this dog's body that the dog does not like touched? _____
What part of the body and what is the reaction? _____
Has this dog ever bitten or snapped at any family member? _____
What was the cause / reason for this bite? _____
Does this dog protect food, toys, people, objects or space? _____
How does this dog react around mops, brooms? _____

Does this dog use or have you ever thought about the use of a bark collar? _____

Do we have permission to use a remote control vibrating bark deterrent collar?

Yes / No Please Initial _____

Date _____

Diet:

What brand and type of food is this dog eating? _____

What is the feeding schedule of this dog? _____

Amount fed per meal: AM: _____ Noon _____ PM: _____

How is each meal prepared? _____

Does this dog have food allergies? _____ Allergen: _____

Is this dog allowed to have treats? _____ How often? _____

Are supplements given at meal times? _____ Name of supplement _____

How often is this supplement given, and when? _____

How is this supplement administered? _____

Grooming:

Does this dog like to be brushed? Yes No

If no, what is the reaction? _____

Does this dog tolerate nail trimming, ear cleaning? Yes No

Does this dog have a history of anal gland problems? Yes No

How does this dog react to bathing? _____

Is this dog allergic to a certain shampoo or conditioner? Yes No

Which brand? _____

Is there anything else that we should know about this dog? _____

How did you hear about us? Web search _____ Friend _____ Yelp _____ Veterinarian _____

Who may we thank for this referral? _____

Owner's name: _____ Dog's Name: _____

Owner signature: _____

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