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## QUESTIONNAIRE

You may complete this questionnaire upon your visit or you can e-mail it to us at info@stonedoginn.com. This will help us to know your dog better!

Owners name: \_\_\_\_\_

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

Home phone: \_\_\_\_\_

Emergency contact name and number: \_\_\_\_\_

Number where you can be reached: \_\_\_\_\_

Email address: \_\_\_\_\_

Where did you hear about us? \_\_\_\_\_

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### PLEASE TELL US ABOUT YOUR DOG

Pets name: \_\_\_\_\_

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

DOB: \_\_\_\_\_

Weight: \_\_\_\_\_ lbs

Color: \_\_\_\_\_

Sex:  Male  Female

Spay/Neutered?  Yes  No

### PERSONALITY AND BEHAVIOR

Social with other dogs  Yes  No

Social with cats  Yes  No

Good with children  Yes  No

Problem chewer  Yes  No

Marks territory inside of the house?  Yes  No

Does your dog enjoy going on runs?  Yes  No

Have they ever been "boarded" before?  Yes  No Have they been "boarded" in the last month?  Yes  No

Food / toy aggressive?  Yes  No

What brand of food do they usually eat? \_\_\_\_\_

Can they receive treats?  Yes  No

**MEDICAL** (please include a copy of your dogs vaccination history)

Name of Vet: \_\_\_\_\_ Phone: \_\_\_\_\_

Known allergies: \_\_\_\_\_  
\_\_\_\_\_

Is current on flea/ tick preventative:  Yes  No

Any chronic illness (ears, eyes, etc):  
\_\_\_\_\_  
\_\_\_\_\_

Is your dog on any medications?  Yes  No

If yes, please include detailed instructions :  
\_\_\_\_\_  
\_\_\_\_\_

Other problems and or restriction, please explain:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Any thing else you can tell us about your dog that will make their stay with us more pleasurable and make them feel more at home?  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Please sign on the line above

\_\_\_\_\_  
Date