

**BOARD & TRAIN APPLICATION**  
**(Please PRINT all information)**

Owner's name: \_\_\_\_\_ Dog's name: \_\_\_\_\_

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

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

Home Ph#: \_\_\_\_\_ Work Ph#: \_\_\_\_\_

Cell Ph#: \_\_\_\_\_ E-mail: \_\_\_\_\_

Age of dog: \_\_\_\_\_ Breed: \_\_\_\_\_

Sex:  Male  Female Color: \_\_\_\_\_

Veterinarian/Hospital: \_\_\_\_\_

Neutered/Spayed:  Yes  No Shot record received?  Yes  No

Emergency Contact Name: \_\_\_\_\_

Home Ph#: \_\_\_\_\_ Cell Ph#: \_\_\_\_\_

Does your dog have any medical problems?  Yes  No  
If yes, explain: \_\_\_\_\_

Does your dog require medications?  Yes  No  
Please list medications and schedules: \_\_\_\_\_

What brand food do you feed?\_\_\_\_\_ How much food per meal?\_\_\_\_\_

Feeding schedule (check all that apply): AM  Noon  PM  Free feed all day

Is your dog housebroken?  Yes  No Is your dog crate trained?  Yes  No

Is your dog mostly in  The house  Outside  Both

Where does your dog stay when you leave the house?

Crate  Confined to small area in the house  loose in the house

Backyard  Kennel Outside

Problem you are having with your dog: (check all that apply)

Jumping  Barking  Chewing  Mouthing  Nipping  Digging

Bolting  Attention  Unruly  Doesn't Listen  Potty Training

Crate training  Shy/Timid

Has your dog ever shown aggression towards humans?  Yes  No

If yes, explain:\_\_\_\_\_

\_\_\_\_\_

Has your dog ever shown aggression towards other dogs?  Yes  No

If yes, explain:\_\_\_\_\_

\_\_\_\_\_

Is your dog shy/timid towards humans (men, women, elderly, children)?  Yes  No

If yes, explain:\_\_\_\_\_

\_\_\_\_\_

Does your dog have any other issues?\_\_\_\_\_

\_\_\_\_\_

Board & Train start date:\_\_\_\_\_ Finish Date:\_\_\_\_\_