2021 DOG APPLICATION

Note: Please fill out a second Application, Rules & Regulations Agreement, Veterinary Form, and Medical Care Release Forms separately for any additional pets.

					Date//
		Ov	vner Information		
Name					
Address					
City			State	Zip Code	
Home Phone			#1 Cell Phone _		
Work Phone			#2 Cell Phone _		
Email Address					
Yes, please	e put me on the	e email list to rece	ive Wright Pet Kenr	nels' quarterly newsl	etter "Dog Tales".
		F	Pet Information		
Name			Bı	reed	
Male Fe	Male Female Age Pet's date of birth				
Is your pet spayed	or neutered? _	Yes No	Microch	nip ID#	
List all medications	your pet is cur	rently taking			
Liot all modications				ministrating these m	edications
	ase provide de	tailed instructions	on last page for ad	ministrating these m	icalcations.
	ase provide de	tailed instructions	on last page for ad	ministrating these in	iculcations.
	ase provide de		on last page for ad nergency Contact	ministrating these in	iodications.
		Em	nergency Contact	-	
Plea		Em	nergency Contact	-	
Plea		Em	nergency Contact	-	
Plea		Em	nergency Contact Veterinarian	_ Phone _	
Name Name Address		Em	nergency Contact Veterinarian	_ Phone	<u>-</u>
Name Name Address		Em	Veterinarian State	_ Phone	
Name Name Address City		Em	Veterinarian State	_ Phone	
Name		Em	Veterinarian State	Phone Zip Code 	
Name Name Address City		Em	Veterinarian State Fax Phone	Phone Zip Code	
Name Name Address City Office Phone		Pet Profile e of your pet's his	Veterinarian State Fax Phone	Phone Zip Code	
Name Name Address City Office Phone If adopted, do you h	ave knowledg	Pet Profile e of your pet's his	Veterinarian State Fax Phone e & General Informatory? If yes, describe	Zip Codezation	
Name Name Address City Office Phone If adopted, do you h What brand of dog/o	ave knowledg	Pet Profile e of your pet's his u feed your pet? _ with other animals	Veterinarian State Fax Phone e & General Informatory? If yes, describe	Zip Codezation	

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Health & Grooming

Do restrictions need to be placed on your pet's activ	ities or movements because of joint or other pain? Describe.
Does your pet have a flea problem?	Yes No
Does your pet have allergies?	Yes No To what?
Does your pet like to be brushed?	Yes No
How does your pet react to having his/her nails clipp	ped?
Does your pet have any sensitive areas on his/her b	oody? Describe
Where are your pet's favorite petting and scratching	spots?
	Dog Behavior
Do visitors bring their dog(s) to your household?	
If yes, how does your dog react?	
How does your dog react to being put in a crate?	
How does your dog behave around children?	
How does your dog react to a stranger coming into	your home or yard?
Does your dog ever bark, growl, or chase anyone pa	assing outside your home or yard?
Are there any kinds of people or animals your dog a	automatically fears or dislikes?
How does your dog react to puppies?	
Has your dog ever jumped on anyone?	Yes No
Has your dog ever growled at anyone?	Yes No
Has your dog ever bitten anyone?	Yes No What were the circumstances?
Has your dog ever climbed/jumped over a fence?	Yes No How high was it?
Does your dog have any problems in the following a	reas? Please describe:
Housetraining	Yes No
Barking	Yes No
Digging	Yes No
Is your dog frightened by noises? Describe	
Has your dog ever growled or nipped at anyone tak	ing food/toys away? Yes No
Has your dog ever shared his/her food or toys with o	other animals? Yes No
Does your dog play with other dogs?	Yes No
Does your dog know any tricks?	

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Has your dog had any formal obedience training? Yes No When?What commands does your dog know?
Is it effective in keeping him/her under control? Yes No
What if any bathroom commands does your dog know?
What if any play commands does your dog know?
What if any quiet commands does your dog know?
Please list any other comments or information about your dog or cat that might be helpful.
Don't forget to bring enough food for the duration of your dog stay, any favorite toys, bedding, and detailed

medication instructions.

Thank you for choosing Wright Pet Kennels to care for your pet.

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