



Owner Information

Name(s) _____ & _____

Address _____

City _____ State _____ Zip Code _____

Home Phone _____ Work Phone _____

Cell Phone _____ Additional Cell Phone/Phone Number _____

Is it ok if we text you? Yes No

**E-mail Address(s) (Required for daily report cards & daycare photos) _____

Emergency Contact (*other than owner/owners*)

Name _____ Home Phone _____

Cell Phone _____

Pet Information

Name _____ Breed _____ Color _____

Sex _____ Age _____ Weight _____ Birthdate _____

Is your dog spayed/neutered? _____ If yes, what age was this done? _____

Veterinarian

Facility Name _____

Address _____ City/State _____

Phone _____ Fax _____

How did you hear about Metropet Dog Center? _____



Pet Personality Profile: General Information

How long have you owned your dog? _____ Where did you get your dog? _____

If adopted, do you have knowledge of your dog's past history? _____

If yes, describe. _____

Does your dog like children? _____ Men _____ Women _____

Describe how your dog gets along with other animals in your household: _____

Health and Grooming

What is the flea/tick treatment that you use? _____

How often do you brush or comb your dog's coat? _____

How does your dog react to having his/her nails clipped? _____

Does your dog have any sensitive areas on his/her body? _____

Where is your dog's favorite petting spots? _____

Does your dog suffer from any of the following?

- Flea Allergies/Contact Allergies/Food Allergies _____ If yes, circle which one.
- Heart murmur or any other circulatory conditions _____
- Arthritis, hip/elbow dysplasia, or any other bone-related conditions _____
- Severe separation anxiety _____
- Constipation/loose stool, coprophagy (poop eating), gas _____
- Dry skin, cracked foot pads, flaky/cracking nails _____
- Eye problems such as cataracts, growths, dryness, cherry eye, repeat infections _____
- Repeat bladder or urinary tract infections _____
- Other: _____

Dogs are not allowed into the daycare if they are displaying signs of illness. If we notice your dog is ill, you will be called to pick them up immediately. Please do not bring your dog to daycare if they are ill.



Behavior

Has your dog ever tried to escape? _____ From where? _____ What were the circumstances? _____

Has your dog ever climbed or jumped over a fence? _____ How high was it? _____

Has your dog ever bitten someone? _____ Were they an adult, teenager or child? _____
What were the circumstances? _____

Has your dog ever bitten another dog? _____ What were the circumstances? _____

Has your dog ever been quarantined by animal control? _____ What were the circumstances? _____

Is your dog crate trained? _____

Does your dog have any problems in the following areas? If yes, describe:

Mouthiness _____

Housetraining _____

Barking _____

Digging _____

Ignoring commands _____

Do visitors bring their dog(s) to your home? _____ If yes, how does your dog react? _____

How does your dog react to a stranger coming into your home or yard? _____

Are there any kinds of people your dog automatically fears or dislikes? _____

How does your dog react to puppies? _____

How does your dog react to other dogs approaching it when you are out on a walk?

A. On lead _____ B. Off lead _____

Is your dog frightened by any noises? _____

Is your dog frightened or nervous around anything else? _____



Has your dog ever had any formal obedience training? _____ Where? _____

What commands does your dog know? _____

Has your dog ever been in any of the following social settings:

Dog park? _____

Playing with neighborhood/family's dogs? _____

Been boarded at another facility? _____

Gone to another daycare? _____ Why does your dog no longer go to that daycare? _____

Pick-Up Authorization

This section states the individuals who are authorized to pick-up the dog when the owner is unable to do so.

Name _____ Home Phone _____ Cell Phone _____

Name _____ Home Phone _____ Cell Phone _____

Name _____ Home Phone _____ Cell Phone _____



Health and Temperament Agreement

Dog's Name _____

1. I understand that I am solely responsible for any harm caused by my dog(s) while my dog(s) are attending Metropet Dog Center, Inc. and agree to pay any medical expenses for any dog(s) that is(are) harmed by the fault of my dog(s).
 - 1a. I understand that I am financially responsible for any harm that is at fault of my dog and agree to pay any medical expenses within 7 days of the incident.
 - 1b. I understand that if I do not pay within 7 days that Metropet Dog Center has my permission to pay the afflicted party; and that I am responsible for repaying Metropet Dog Center.
2. I further understand and agree that in admitting my dog(s), Metropet Dog Center, Inc., has relied on my representation that my dog(s) is/are in good health and have not harmed or shown aggression or threatening behavior towards any person or any other dog.
3. I further understand and agree that Metropet Dog Center, Inc. and their staff and volunteers, will not be liable for any problems that develop provided reasonable care and precautions are followed, and I hereby release them of any liability of any kind arising from my dogs(s) attendance and participation at Metropet Dog Center, Inc.
4. I further understand and agree that any problems that develop with my dog(s) will be treated as deemed best by staff and volunteers of Metropet Dog Center, Inc., in their sole discretion, and that I assume full financial responsibility for any and all expenses involved.

I certify that I have read and understand the rules and regulations set forth on the preceding page and that I have read and understand this agreement. I agree to abide by the rules and regulations and accept all the terms, conditions and statements of this agreement.

Signature of owner: _____

Date: _____



MEDICAL RECORDS RELEASE AUTHORIZATION

Dog(s)' Name(s) _____

Owner Name _____ Phone _____

Address _____

City, State _____ Zip Code _____

I give _____ (name of animal hospital) permission to release medical & vaccination information on the above-mentioned dogs.

Signed _____ Date _____

**PLEASE FAX OR EMAIL BACK WITH A COPY OF THE MOST RECENT
VACCINATION RECORDS AND RABIES CERTIFICATE TO 401-732-3648 OR
INFO@METROPET.NET AT YOUR EARLIEST CONVENIENCE**

Call 401-732-3647 with any questions.

THANK YOU



EMERGENCY MEDICAL TREATMENT AUTHORIZATION

Dog(s)' Name(s) _____

Owner Name _____ Phone _____

Address _____

City, State _____ Zip Code _____

I give Metropet Dog Center permission to make emergency medical treatment decisions about my dog/s _____ on my behalf in the event of an emergency. The staff at Metropet will first try to reach me through all outlets of contact before needing to make any decisions. In the unlikely event that I am not able to answer; they have my permission for medical treatment decisions.

Signed _____ Date _____

THANK YOU