



DOG INFORMATION FORM
Boarding & Daycare

PRIMA DOGGA

541 Bishop Rd
Shelburne, VT 05482
802) 985-2248

(For multiple pet households please
complete one form for each pet)

www.primadoggavt.com

I. Owner Information

Name: _____
Mailing Address: _____
City: _____ State: _____ Zip code: _____
Home Phone: _____ Cell Phone(s): _____
Email: _____

II. Dog Information

Pet name: _____ Breed: _____
Age: _____ Sex: M / F
Spayed or Neutered? Y / N
If no, are you planning to spay or neuter? Y / N
Has your dog ever bitten a person? _____ If yes, what damage was done, and
explain the circumstances: _____

Has your dog ever bitten another dog? _____ If yes, what damage was done,
and explain the circumstances: _____

Does your dog like being brushed? Y / N
What types of games/toys does your dog like? _____

Anywhere your dog is sensitive being touched? Y / N
If yes, where: _____

III. Medical Information

Which Veterinarian do you use: _____
Does your dog have any allergies? _____
Does your dog have any medical problems or take medication? Y / N
Does your dog have any physical disabilities/limitations we should know about?

Does your dog have any kind of phobias (thunder, fireworks etc)

Does your dog need to be periodically rested while at our facility? Y / N

Is your dog sensitive to hot or cold weather? _____
Does your dog have any food restrictions? _____
Are there any kinds of food or treats your dog cannot have? _____

IV. Behavioral Information

Is your dog good with other dogs? Y / N Sometimes: (give details) _____

Play preferences: _____

How would you describe your dog's play style: (circle all that apply)

Submissive Dominant Aloof Goofy Intense Shy
Rough&Tumble Likes to chase Wrestler Jumpy Mouthy Barky
Friendly Hyper Tentative Confident Variable

Does your dog frequently mount other dogs? Y / N

Is your dog possessive of toys &/or food with other dogs? Y / N

(please explain) _____

Is your dog possessive of toys &/or food with people? Y / N

(please explain) _____

Has your dog jumped a fence? Y / N Don't know

If yes, height of fence: _____

Has he/she dug a hole under a fence & escaped? Y / N

Does your dog eat rocks? Y / N

Does your dog eat his/her own poop? Y / N

Does your dog eat other dogs' poop? Y / N

Does your dog destroy its toys? Y / N if yes, which kind(s)? _____

Anything else we should know about your dog? _____

If we cannot get a hold of you, and your pet requires medical attention, is there any restriction or cap on costs you would like us to relay to the vet? Y N **Cost cap:** \$ _____

Client Initials: _____

(Required for pets 7yrs +)

What should we do if your pet passes away while here? _____

Owner Signature: _____ **Date:** _____

(For Prima Dogga use)

Pet Name: _____ **Bord:** _____ **Fecal:** _____
RV: _____ **Dist:** _____

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