

**INN OF THE DOG**  
865 SW Enterprise Way  
Stuart, FL 34997

Phone: (772) 288-1998

InnoftheDog.com  
Fax: (772) 288-4338

**OWNER INFORMATION**

Name: \_\_\_\_\_

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

City and Zip: \_\_\_\_\_

Telephone Numbers (with area code):

Home: \_\_\_\_\_ Cell: \_\_\_\_\_ Work: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Does anyone other than the owner have permission to pick up your pet? \_\_\_\_\_  
If so, please provide names: \_\_\_\_\_

**HOW DID YOU HEAR ABOUT THE INN OF THE DOG?** \_\_\_\_\_

**EMERGENCY CONTACT INFORMATION**

Please tell us who we can contact during an emergency if you are not available:

1. Name \_\_\_\_\_ Telephone: \_\_\_\_\_  
2. Name \_\_\_\_\_ telephone: \_\_\_\_\_

**VETERINARY INFORMATION**

Name of Veterinarian: \_\_\_\_\_  
Business Practice Name: \_\_\_\_\_  
Telephone Number: \_\_\_\_\_

**To Assist Us in Caring for your Dog, please note the following requirements:**

*All dogs must be current on DHLPP, RABIES and BORDETELLA vaccinations. BORDETELLA should be administered within the past six months, and at least five days prior to daycare or boarding.*

*All dogs over the age of 10 months must be spayed or neutered in order to participate in daycare activities*

*All dogs must meet temperament criteria for participation in daycare activities*

*All dogs must be free of fleas and ticks, and preferably on flea preventative\**

*\* If fleas and/or ticks are discovered on your dog while under our care, a flea/tick bath will immediately be given and you will be charged accordingly.*

**PET HEALTH INFORMATION**

<p><b>DOG #1 Name:</b> _____ Pet's Name _____ Breed _____ Age _____ Sex _____ When was your dog spayed or neutered? _____ Has your dog had any major surgery or medical condition? _____ Does your dog have fleas? _____ Does your dog use a flea preventative? _____ What brand? _____ Does your dog have hip dysplasia? _____ If so, what restrictions need to be placed on your dog's activities/movements? _____ Does your dog's physical activity need to be restricted for any reason? _____ <b>CURRENT SHOT RECORDS FROM YOUR VET MUST BE PROVIDED, INCLUDING RABIES, DHLPP and BORDETELLA</b></p>	<p><b>DOG #2 Name:</b> _____ Pet's Name _____ Breed _____ Age _____ Sex _____ When was your dog spayed or neutered? _____ Has your dog had any major surgery or medical condition? _____ Does your dog have fleas? _____ Does your dog use a flea preventative? _____ What brand? _____ Does your dog have hip dysplasia? _____ If so, what restrictions need to be placed on your dog's activities/movements? _____ Does your dog's physical activity need to be restricted for any reason? _____ <b>CURRENT SHOT RECORDS FROM YOUR VET MUST BE PROVIDED, INCLUDING RABIES, DHLPP and BORDETELLA</b></p>
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**DOG #3 Name:** \_\_\_\_\_

Pet's Name \_\_\_\_\_

Breed \_\_\_\_\_

Age \_\_\_\_\_ Sex \_\_\_\_\_

When was your dog spayed or neutered?  
\_\_\_\_\_

Has your dog had any major surgery or medical condition? \_\_\_\_\_

Does your dog have fleas? \_\_\_\_\_

Does your dog use a flea preventative? \_\_\_\_\_

What brand? \_\_\_\_\_

Does your dog have hip dysplasia? \_\_\_\_\_

If so, what restrictions need to be placed on your dog's activities/movements?  
\_\_\_\_\_

Does your dog's physical activity need to be restricted for any reason?  
\_\_\_\_\_

**CURRENT SHOT RECORDS FROM YOUR VET MUST BE PROVIDED, INCLUDING RABIES, DHLPP and BORDETELLA**

**DOG #4 Name:** \_\_\_\_\_

Pet's Name \_\_\_\_\_

Breed \_\_\_\_\_

Age \_\_\_\_\_ Sex \_\_\_\_\_

When was your dog spayed or neutered?  
\_\_\_\_\_

Has your dog had any major surgery or medical condition? \_\_\_\_\_

Does your dog have fleas? \_\_\_\_\_

Does your dog use a flea preventative? \_\_\_\_\_

What brand? \_\_\_\_\_

Does your dog have hip dysplasia? \_\_\_\_\_

If so, what restrictions need to be placed on your dog's activities/movements?  
\_\_\_\_\_

Does your dog's physical activity need to be restricted for any reason?  
\_\_\_\_\_

**CURRENT SHOT RECORDS FROM YOUR VET MUST BE PROVIDED, INCLUDING RABIES, DHLPP and BORDETELLA**

**PET PERSONALITY/GROOMING PROFILE**

<p><b>DOG #1 Name:</b> _____</p> <p>Where did you get your dog? _____</p> <p>When is your dog's birthday? _____</p> <p>Do you have knowledge of your dog's history? If so, please describe. _____ _____</p> <p># of people in your household: ___Males ___ Females</p> <p>Does your dog like children? _____</p> <p>Describe how your dog behaves around children: _____ _____</p> <p>Describe how your dog gets along with other animals: _____ _____</p> <p>Does your dog like to be brushed? _____</p> <p>How often do you brush/comb your dog's coat? _____</p> <p>Does your dog have any sensitive areas of his/her body? _____</p> <p>If yes, where? _____</p> <p>What are your dog's favorite petting spots? _____ _____</p>	<p><b>DOG #2 Name:</b> _____</p> <p>Where did you get your dog? _____</p> <p>When is your dog's birthday? _____</p> <p>Do you have knowledge of your dog's history? If so, please describe. _____ _____</p> <p># of people in your household: ___Males ___ Females</p> <p>Does your dog like children? _____</p> <p>Describe how your dog behaves around children: _____ _____</p> <p>Describe how your dog gets along with other animals: _____ _____</p> <p>Does your dog like to be brushed? _____</p> <p>How often do you brush/comb your dog's coat? _____</p> <p>Does your dog have any sensitive areas of his/her body? _____</p> <p>If yes, where? _____</p> <p>What are your dog's favorite petting spots? _____ _____</p>
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<p><b>DOG #3 Name:</b> _____</p> <p>Where did you get your dog? _____</p> <p>When is your dog's birthday? _____</p> <p>Do you have knowledge of your dog's history? If so, please describe. _____ _____</p> <p># of people in your household: ___ Males ___ Females</p> <p>Does your dog like children? _____</p> <p>Describe how your dog behaves around children: _____ _____</p> <p>Describe how your dog gets along with other animals: _____ _____</p> <p>Does your dog like to be brushed? _____</p> <p>How often do you brush/comb your dog's coat? _____</p> <p>Does your dog have any sensitive areas of his/her body? _____</p> <p>If yes, where? _____</p> <p>What are your dog's favorite petting spots? _____ _____</p>	<p><b>DOG #4 Name:</b> _____</p> <p>Where did you get your dog? _____</p> <p>When is your dog's birthday? _____</p> <p>Do you have knowledge of your dog's history? If so, please describe. _____ _____</p> <p># of people in your household: ___ Males ___ Females</p> <p>Does your dog like children? _____</p> <p>Describe how your dog behaves around children: _____ _____</p> <p>Describe how your dog gets along with other animals: _____ _____</p> <p>Does your dog like to be brushed? _____</p> <p>How often do you brush/comb your dog's coat? _____</p> <p>Does your dog have any sensitive areas of his/her body? _____</p> <p>If yes, where? _____</p> <p>What are your dog's favorite petting spots? _____ _____</p>
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<p>Has your dog ever had any formal obedience training? _____ If yes, when and where? _____</p> <p>What commands does your dog know? _____</p> <p>Do you walk your dog on your RIGHT or LEFT side? (Circle one) What kind of collar do you use when walking your dog? _____</p> <p>Is it effective in keeping the dog under control? _____ Does your dog know hand commands? _____ Does your dog have a bathroom command? _____ Has your dog ever been boarded or taken care of by a pet sitter? _____ How often? _____ How would you describe your dog's behavior in response to a boarding or pet care experience? _____</p> <p>Has your dog ever been in a play group setting, i.e., dog park, daycare? _____</p> <p>ng? train</p>	<p>Has your dog ever had any formal obedience training? _____ If yes, when and where? _____</p> <p>What commands does your dog know? _____</p> <p>Do you walk your dog on your RIGHT or LEFT side? (Circle one) What kind of collar do you use when walking your dog? _____</p> <p>Is it effective in keeping the dog under control? _____ Does your dog know hand commands? _____ Does your dog have a bathroom command? _____ Has your dog ever been boarded or taken care of by a pet sitter? _____ How often? _____ How would you describe your dog's behavior in response to a boarding or pet care experience? _____</p> <p>Has your dog ever been in a play group setting, i.e., dog park, daycare? _____</p> <p>DOG #2</p>
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**DOG #3 Name:** \_\_\_\_\_

Do visitors bring their dogs to your home?  
\_\_\_\_\_

If yes, how does your dog react?  
\_\_\_\_\_

Is there anything your dog automatically fears or dislikes? \_\_\_\_\_

How does your dog act around other dogs when on a leash?  
\_\_\_\_\_

How does your dog react to puppies?  
\_\_\_\_\_

What does your dog do when you are not at home (to the best of your knowledge)?  
\_\_\_\_\_

How does your dog act when you get home at the end of the day? \_\_\_\_\_

Has your dog ever bitten a person or other animal?  
\_\_\_\_\_

If yes, what were the circumstances?  
\_\_\_\_\_

Has your dog ever climbed/jumped a fence? \_\_\_\_\_  
If yes, height? \_\_\_\_\_

Does your dog have any problems in the following areas: If yes, please explain.

	YES
<b>NO</b>	
Housetraining _____	_____
Territorial Marking _____	_____
Barking _____	_____
Digging _____	_____
Chewing _____	_____
Ignoring Commands _____	_____
Frightened by noises? _____	_____
Frightened or nervous about anything else? _____	

Has your dog ever snapped or growled at anyone taking food or toys away? \_\_\_\_\_

Does your dog share food or toys with other animals?  
\_\_\_\_\_

Does your dog play with toys? \_\_\_\_\_

Does your dog know any tricks? \_\_\_\_\_

Has your dog ever been on agility equipment? \_\_\_\_\_

If yes, when and where? \_\_\_\_\_

**DOG #4 Name:** \_\_\_\_\_

Do visitors bring their dogs to your home?  
\_\_\_\_\_

If yes, how does your dog react?  
\_\_\_\_\_

Is there anything your dog automatically fears or dislikes? \_\_\_\_\_

How does your dog act around other dogs when on a leash?  
\_\_\_\_\_

How does your dog react to puppies?  
\_\_\_\_\_

What does your dog do when you are not at home (to the best of your knowledge)?  
\_\_\_\_\_

How does your dog act when you get home at the end of the day? \_\_\_\_\_

Has your dog ever bitten a person or other animal?  
\_\_\_\_\_

If yes, what were the circumstances?  
\_\_\_\_\_

Has your dog ever climbed/jumped a fence? \_\_\_\_\_  
If yes, height? \_\_\_\_\_

Does your dog have any problems in the following areas: If yes, please explain.

	YES
<b>NO</b>	
Housetraining _____	_____
Territorial Marking _____	_____
Barking _____	_____
Digging _____	_____
Chewing _____	_____
Ignoring Commands _____	_____
Frightened by noises? _____	_____
Frightened or nervous about anything else? _____	

Has your dog ever snapped or growled at anyone taking food or toys away? \_\_\_\_\_

Does your dog share food or toys with other animals?  
\_\_\_\_\_

Does your dog play with toys? \_\_\_\_\_

Does your dog know any tricks? \_\_\_\_\_

Has your dog ever been on agility equipment? \_\_\_\_\_

If yes, when and where? \_\_\_\_\_

Has your dog ever had any formal obedience training?

\_\_\_\_\_ If yes, when and where?

\_\_\_\_\_

What commands does your dog know?

\_\_\_\_\_

Do you walk your dog on your RIGHT or LEFT side?

(Circle one)

What kind of collar do you use when walking your dog? \_\_\_\_\_

\_\_\_\_\_

Is it effective in keeping the dog under control? \_\_\_\_\_

Does your dog know hand commands? \_\_\_\_\_

Does your dog have a bathroom command? \_\_\_\_\_

Has your dog ever been boarded or taken care of by a pet sitter? \_\_\_\_\_ How often? \_\_\_\_\_

How would you describe your dog's behavior in response to a boarding or pet care experience?

\_\_\_\_\_

Has your dog ever been in a play group setting, i.e., dog park, daycare?

\_\_\_\_\_

**DOG #2 Name:** \_\_\_\_\_

Do visitors bring their dogs to your home?

\_\_\_\_\_

If yes, how does your dog react?

\_\_\_\_\_

Is there anything your dog automatically fears or dislikes? \_\_\_\_\_

\_\_\_\_\_

How does your dog act around other dogs when on a leash? \_\_\_\_\_

\_\_\_\_\_

How does your dog react to puppies? \_\_\_\_\_

What does your dog do when you are not at home (to the best of your knowledge)? \_\_\_\_\_

How does your dog act when you get home at the end of the

Has your dog ever had any formal obedience training?

\_\_\_\_\_ If yes, when and where?

\_\_\_\_\_

day? \_\_\_\_\_  
Has your dog ever bitten a person or other animal?

\_\_\_\_\_

\_\_\_\_\_  
If yes, what were the  
circumstances? \_\_\_\_\_

\_\_\_\_\_

Has your dog ever climbed/jumped a fence? \_\_\_\_  
If yes, height? \_\_\_\_\_

Does your dog have any problems in the following  
areas: If yes, please explain.

**YES**

**NO**

Houstraining \_\_\_\_\_

\_\_\_\_\_  
Territorial Marking \_\_\_\_\_

Barking \_\_\_\_\_

\_\_\_\_\_  
Digging \_\_\_\_\_

\_\_\_\_\_  
Chewing \_\_\_\_\_

\_\_\_\_\_  
Ignoring Commands \_\_\_\_\_

Frightened by noises? \_\_\_\_\_

Frightened or nervous about anything else?  
\_\_\_\_\_

\_\_\_\_\_

Has your dog ever snapped or growled at anyone  
taking food or toys  
away? \_\_\_\_\_

Does your dog share food or toys with other  
animals?  
\_\_\_\_\_

Does your dog play with toys? \_\_\_\_\_

Does your dog know any tricks? \_\_\_\_\_

Has your dog ever been on agility  
equipment? \_\_\_\_\_

If yes, when and  
where? \_\_\_\_\_

Has your dog ever had any formal obedience  
training?

\_\_\_\_\_ If yes, when and where?  
\_\_\_\_\_

\_\_\_\_\_

What commands does your dog know?  
\_\_\_\_\_

\_\_\_\_\_

Do you walk your dog on your RIGHT or LEFT side?

(Circle one)

What kind of collar do you use when walking your dog? \_\_\_\_\_

\_\_\_\_\_

Is it effective in keeping the dog under control? \_\_\_\_\_

Does your dog know hand commands? \_\_\_\_\_

Does your dog have a bathroom command? \_\_\_\_\_

Has your dog ever been boarded or taken care of by a pet sitter? \_\_\_\_\_ How often? \_\_\_\_\_

How would you describe your dog 's behavior in response to a boarding or pet care experience?

\_\_\_\_\_

\_\_\_\_\_

Has your dog ever been in a play group setting, i.e., dog park, daycare?

\_\_\_\_\_

DOG #2

## **PET FEEDING PROFILE**

Does your dog have any food allergies that you are aware of? \_\_\_\_\_

What type of food do you feed? \_\_\_\_\_

Is your dog allowed treats, biscuits, bones? \_\_\_\_\_

Please list any type of bone, treat or toy you do not want your dog to have

\_\_\_\_\_

Is there any other information about your dog you feel would be helpful in making his or her stay with us more enjoyable? \_\_\_\_\_

\_\_\_\_\_

**Thank you for taking the time to complete this pet profile. It is our goal to make your dog(s) stay as safe and enjoyable as possible.**

## **WAIVER**

As a condition of using our services for your pet(s), the following waiver and assumption to hold harmless must be signed:

1. I understand that I am solely responsible for harm or damage caused by my dog(s) while my dog(s) is under the supervision and care of Inn of the Dog and its employees.
2. I understand and agree that the Inn of the Dog has relied on my representation that my dog(s) is in good health, flea and tick free, and has not harmed or shown aggression or threatening behavior towards any person or any other dog.
3. I understand and agree that the Inn of the Dog, LLC and its staff will not be held liable for any problems that develop provided reasonable care and precautions are followed, and I hereby release the Inn of the Dog, LLC and its employees from any and all liability of any nature whatsoever arising from my dog's attendance and participation at Inn of the Dog.
4. I understand and agree that any problem that develops with my dog(s) will be treated as deemed best by staff of the Inn of the Dog, in their sole discretion, and that I assume full financial responsibility for any and all expenses involved.
5. In the event of an emergency, I hereby authorize emergency medical treatment be administered to my dog(s) by a veterinarian at my expense.
6. I understand that my dog may be at risk for cuts, scrapes, scratches and/or bruises associated with daycare activities at Inn of the Dog.

\_\_\_\_\_  
Owner Signature

\_\_\_\_\_  
Owner Printed Name

Date: \_\_\_\_\_