

The Spotted Spa Retreat

Dog Consent Form

Guest Info:

Name: _____ Birth date: _____

Breed: _____ Sex: Neutered Spayed Male Female

Colour: _____ Markings: _____

Microchip: _____ Tattoo: _____

Vet Information:

Clinic Name: _____

Address: _____ Phone: _____

General Information:

Allergies and/or Dietary Restrictions: _____

How long have you had your dog? _____ From Puppy or as Adult _____

Any relevant history we should know? _____

Has your dog been in a boarding facility before? YES NO

If yes length of stay: _____

Has your dog been to a dog park in the past month? YES NO

Do you have any other pets at home? YES NO

Is your dog an escape artist? (circle all that apply) YES NO

Climb Dig Flip Latches Open Doors Jump Over 6ft Other: _____

Is your dog used to wearing a collar? YES NO

Is your dog leash-trained? YES NO

Does your dog play well and safely with other dogs (small and large) YES NO

Are there any breeds your dog generally does not like
If YES please list breeds _____

Does your dog respond to command? YES NO

If YES please list commands _____

Is your dog friendly with visitors at home? (circle all that apply) YES NO

Strangers Children Visitors Other Animals Men Women Other: _____

What best describes your dog (circle any that apply):

Barks Often Pulls on Leash Protects Food Protects Toys Afraid of Noise

Nervousness Shares Easily Sleeps in a Crate Sleeps Alone Sleeps with you

Chews Objects Urinates Inside Likes car rides Bitten an Animal Bitten a Person

Any additional info that may be helpful in making your dog's stay most enjoyable: _____