



Enrollment Application

Dog's Name _____ Breed _____ Sex _____ Dog's Age _____

Weight _____ Spayed/Neutered? _____ Tattooed/Microchipped? _____ Microchip # _____

Distinct Markings on Dog _____ How long has this dog lived with you? _____

Owner's Name _____ Address _____

City _____ State _____ Zip _____ E-mail _____

Phone #'s Primary _____ Secondary _____ Other _____

Vet Clinic Name _____ Vet Phone _____ Dr. _____

Is this dog current on all recommended vaccinations? _____ Bordatella vaccine within the last 6 months? _____

Is this dog on a flea/tick preventative? _____ Known medical issues/special needs _____

List any medications/schedules for your dog _____ Is the dog housebroken? _____

Commands this dog understands _____

List any known food allergies _____ May your dog have small rawhide chews? _____

Has this dog ever bitten another person? _____ Has this dog ever bitten another dog? _____

If 'yes' to either question, please explain _____

Does this dog ever aggressively guarded toys or food? _____ If yes, please explain _____

Has this dog ever been crated? _____ Any known separation anxiety issues? _____

Likes (favorite toys, treats, or games) _____ Dislikes/fears _____

Describe exercise routine _____ Activity level (1=low/10=high) _____

Describe home routine _____

What else should we know about your dog? _____

How did you learn of South Paw Acres? _____

Do you give SPA permission to use photos of your pet in advertising or marketing? _____

I agree the information outlined above is accurate to the best of my knowledge, as of the date signed below.

Pet Owner's Signature _____ Today's Date _____