



Board and Train Contract

Start Date: _____ Follow Up Date and Time: _____ End Date and Time: _____

OWNER INFORMATION:

Name: _____ Phone #: _____

E-mail: _____

Address: _____

City: _____ State: _____ Zip: _____

Emergency Contact (Other than self) Name: _____

Relationship: _____ Phone: _____

Please list other authorized persons to pick up your dog? _____

How many people reside in your home? Adults: _____ Children and ages: _____

How did you hear about Speaking K9? _____

Would you be willing to be used as a reference for Speaking K9? Yes No

DOG'S INFORMATION (GENERAL):

Dog's Name: _____ Call Name: _____

Breed: _____ Colors/Markings: _____

Sex: Male / Female Spayed/Neutered: Yes No

If female is not spayed, please list date of last heat cycle: ____/____/____

Birthdate ____/____/____ How long have you owned your dog? _____

Where did you get your dog? Breeder _____ other _____

Pet's Health Record (must be accompanied by veterinarian records):

What Vet do you use? _____ Phone: _____

Do you use Flea/Tick Preventative? Yes No

Last Given: ____/____/____

Do you use a heartworm protection? Yes No

Last Given: ____/____/____

Is your dog currently on any medications? Yes No

If yes, please list any medications: _____

Does your dog have allergies, medical problems or restrictions? _____

Is there anything else you feel medically, Speaking K9 should be aware of? _____

Vaccination Policy: All dogs are required to have age appropriate vaccines as determined by your treating veterinarian. Dog must also be current on Bordetella (Kennel cough) and Rabies.

Vaccination given: When: ____/____/____ Where: _____

*****Please attach copy of current vaccination records*****

In case of emergency, I authorize Speaking K9 to treat above stated dog accordingly. *Initial* _____

Feeding Instructions:

What food do you feed? _____ When do you feed? AM PM
How much do you feed at each feeding? _____
Describe your dog's eating habits: Finicky Good Appetite Other _____
Do you provide treats for your dog? If so, please list: _____
Foods to Avoid: _____

Walks:

Please describe your dog's leash manners: _____
Do you use any training collars: Yes No
If Yes, what type? _____
How often do you walk your dog? _____

Playtime:

What is your dog's favorite toy(s)? _____
Are there any special games your dog enjoys? Yes No
If yes, please list and describe: _____

What activities do you do to exercise your dog? _____

Describe Your Dog's Personality (mark all that apply):

Mellow/calm Shy/Submissive Playful High Energy Well Behaved
 Unruly Dominant/Alpha Anxious High Strung Other: _____

Food Possessive:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Eats Rocks:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Toy Possessive:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Fear of Loud Noises:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Jumps on People:	<input type="checkbox"/> Yes <input type="checkbox"/> No	High Strung:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Barks Excessively:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Timid:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Mouthy / Bites:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Jumps Fences:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Chews Excessively:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Growls at Strangers:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Digs:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Destroys Furniture:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Separation Anxiety:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Destroys Toys/clothing:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Eats Feces:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Jumps on furniture:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does Not Obey:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Opens Doors/Gates:	<input type="checkbox"/> Yes <input type="checkbox"/> No

Does your dog socialize/play with other dogs on a regular basis? Yes No
If Yes, Please Describe: _____
Is it okay for your dog to play with other animals? Yes No
If no, please explain why: _____
Has your dog shown any aggression toward other animals or people: Yes No
If yes, please describe: _____
Has your dog ever bitten or been bitten: Yes No
If yes, please describe: _____
Describe how your dog reacts to guests and/or strangers: _____

Is your dog house (potty) trained: Yes No
Is your dog crate/kennel trained: Yes No
Does your dog bolt out of the crate? Yes No
Where does your dog sleep? _____
What is your dog's potty command? _____

What do you require of your dog? _____

What do you consider your dog's most undesirable behavior? _____

What do you do to correct your dog's behavior problems? _____

Has your dog ever been formally trained? Yes No

If yes, what training facility or professional trainer did you use? _____

Briefly describe your impressions and benefits of training: _____

Grooming:

Do you or your groomer have problems bathing, grooming or trimming your dog's nails? Yes No

If yes, please explain: _____

How is your dog for having nails done? _____

Any allergies to grooming products? _____

Any history the groomer should be made aware of? _____

What groomer do you use? _____

I agree to allow Speaking K9 to groom my dog during the board and train program. Initial _____

** If yes, additional charges may accrue at owners' expense, if professional grooming needs to take place. I.e.: Doodles, Schnauzers, shih tzu, etc. Actions at Speaking K9's discretion. **

What would you like Speaking K9 to work on during your dog's board and train? (sit, down, off, potty training, crate training, recall, walking on leash, etc.) Please be as specific as possible (use additional pages if needed):

I would like to add an E-Collar and E-Collar training for an additional \$300.00 Yes No

Is there anything else you would like Speaking K9 to be aware of? _____

To the best of my knowledge, the information that I have provided is both accurate and true. I also acknowledge that I have read, understand and agree to abide by the Terms, Conditions and Agreements.

Owners (Signature): _____ Date: ____ / ____ / ____

Owners Name (Please Print): _____

Speaking K9 Representative (Signature): _____ Date: ____ / ____ / ____

Representative Name (Please Print): _____