



I understand that before my dog(s) can play or board at Lucky Dog, the following requirements must be met:

- My dog must pass a **temperament test** to ensure s/he is not aggressive toward people or other dogs
- My dog's complete **veterinary inoculation records** must be furnished to Lucky Dog including rabies, parvovirus distemper, bordetella and a fecal exam for parasites.
- My dog must be **spayed or neutered** unless younger than 6 months of age.
- My dog must wear a **snap collar with ID**

Signature _____

Date _____

OWNER INFORMATION

First Name: _____ Last Name: _____

Address: _____ Unit/Apt: _____

City, State, ZIP: _____

Home Phone: _____ Work Phone: _____

Cell Phone: _____ Email: _____

Credit Card: Discover Master Card VISA

This information will be held in the strictest confidence and used only with your approval to pay for products and/or services at Lucky Dog Daycare and Boarding.

Card Number: _____ Expires: (mm/yyyy) _____

Billing Address (if different than above): _____ CV2 Number _____

Authorization Signature: _____

Emergency Contact

Name: _____ Relationship: _____

Phone Number(s): _____



DOG INFORMATION

Name: _____ Gender: Female Male

Breed: _____ Color/Markings: _____

Weight: _____ Birthday/Adoption Date: ____/____/____

Spayed/Neutered? Yes No If no, surgery is scheduled for: _____

My Dog's Brother or Sister (if applicable):

Name: _____ Gender: Female Male

Breed: _____ Color/Markings: _____

Weight: _____ Birthday/Adoption Date: ____/____/____

Spayed/Neutered? Yes No If no, surgery is scheduled for: _____

Veterinary Information:

Primary Clinic: _____ Doctor: _____

Address: _____ City, State, ZIP: _____

Phone Number: _____

Other Important Information:

My dog(s) has a pre-existing physical/medical condition (i.e. injuries, scars, sensitive stomach): Yes No

(If yes, please explain) _____

My dog is on medication: Yes No

Name: _____ Condition/Reason: _____

Dosage (amount and frequency): _____

Special Notes/Instructions: _____

My dog(s) attended obedience training: Yes No If yes, where? _____

Other People Authorized To Pick Up My Dog(s):

Name: _____ Phone: _____ Relationship: _____

Name: _____ Phone: _____ Relationship: _____