



Owner Information

Owner / guardian name(s): _____

Street address: _____

City: _____ State: _____ Zip: _____

Day time phone number: _____

Evening phone number: _____

Other phone numbers: _____

Email address(es): _____

Name of dog(s): _____

EMERGENCY CONTACT INFORMATION

Please include any additional contact information you may want to add here, e.g. the phone number of your hotel or a local friend or relative you would like us to contact in the event of an emergency. (We will always try to contact you first.)



Guest Dog Information

Pet's Name: _____ Sex: M or F Age: _____

Breed: _____ Color(s) _____ Size: _____

Is he or she neutered? YES NO

General Guest Information

How would you describe your pet's personality?

Does your pet have any fears (i.e. thunder, men, baseball caps, etc.)? YES NO
If so, please describe:

How long is your dog usually left alone at home during the day?

Do you leave your dog loose in the house, in a crate, or in a dog-proof room?

Is your dog currently used to being in a crate? YES NO

How often does your dog get potty breaks?

How does your dog ask to go out when he/she needs to relieve him/herself?

Does your dog interact with other dogs on a regular basis? YES NO

Where does your dog usually sleep?

What is your dog's reaction to cats?

Is your dog allowed on furniture (e.g. couches, beds)? YES NO



Has your dog ever jumped or climbed over a fence? YES NO If so, how tall was it?

Does your dog ride calmly in the car? YES NO

Has your dog ever tried to bite a person or another dog? YES NO

If so, please describe:

Training

What trained behaviors does your dog know? (e.g. sit, down, drop it, leave it) (If there are lots, just write down the ones that may be pertinent to your dog's stay at our home.)

Do you have any household rules your dog follows? (e.g. sitting and waiting while you put down her food dish, sitting before a ball is thrown, lying on a dog bed during human meals)

We will do our best to ask your dog to follow these rules at our house as well.

These are some of the normal household rules that we teach visiting dogs using gentle, positive training:

- Sit and wait until released before going through a door or gate.
- No dog feet on countertops or tables.
- No dog feet on humans.
- No grabbing things out of human hands - instead, sit to ask for things.
- Sit and wait for a ball to be thrown or to ask for a game of tug-o-war.
- Name recognition (look at me when I call your name).
- Stay calm around cats.



Feeding Instructions

Please provide enough for your dog's stay, plus 2 extra days in case of delayed return.

Does your dog have any food sensitivities or allergies? YES NO

Please describe:

What are your dog's favorite types of treats or chews?

What brand(s) of food does your dog normally eat?

When is your dog normally fed? (Circle all that apply)

Morning Noon Afternoon Evening Always Available

What serving size do they receive per meal: _____ cup(s)

Do you have any special food preparation instructions we should follow? YES NO

Please describe:

Is there any other information we need regarding feeding and/or snacks? YES NO

Please describe:

Activities

What are your dog's favorite activities? (e.g. leash walks, fetch, tug-o-war, dog-dog playtime)

Please briefly describe your dog's usual daily routine:



MEDICAL INFORMATION (Dog)

Guests with ongoing/serious health problems should be boarded with their veterinarian.

Dog's regular veterinarian: _____

Address: _____ Phone Number: _____

Is your dog currently on a regular flea/tick treatment program? YES NO

Last date given (approximate): _____

Does your dog have any medical problems aggravated by weather changes or stress (e.g. allergies, arthritis etc)? YES NO

If so, please describe:

Will you be providing medication for their stay? YES NO

If YES, please provide medication type and dosage information below. All medications must be in originally labeled and prescribed packaging. We do not perform injections.

Medication 1: _____ Dosage _____

Medication 1 is for: _____

Medication 2: _____ Dosage _____

Medication 2 is for: _____

Medication 3: _____ Dosage _____

Medication 3 is for: _____



Emergency Medical Release Form

If the Stay Positive Animal Training staff deem your pet in need of immediate veterinary care, or your pet presents us with a potential illness and we are unable to contact you and/or you are unable to pick up your pet, we will attempt to take your pet to their regular veterinarian.

If your veterinarian is unavailable, or Stay Positive Animal Training believes the distance to your personal veterinarian puts the pet's health at risk, the pet will be taken to a local veterinarian for treatment. Should the emergency occur after normal vet clinic hours, Stay Positive Animal Training will transport them to the nearest emergency animal clinic.

I (We), _____

as guardian(s) of _____, give Stay Positive Animal Training permission to act as my agent in the event my pet needs medical attention.

I further agree that I will be responsible for any and all cost of any veterinary care deemed necessary by the licensed veterinarian.

Signed _____

Dated: _____



Liability Release Form

I agree that I am responsible for my pet's behavior during training or boarding sessions with Stay Positive Animal Training, as well as during any training I do on my own. To minimize all risks to trainers and other students, both human and animal, I agree to disclose to the staff of **Stay Positive Animal Training** any triggers or sensitivities that may provoke fear or aggression in my pet. If I have minor children present during training or boarding, I will be responsible for their care and supervision. During training, I am responsible for having my pet securely leashed or in a carrier when not in a secure area. I understand that attending class or private training does not guarantee that my pet will not exhibit problematic behavior in the future. I understand that I am participating in this training at my own risk and that by signing this waiver I assume all risks and hereby agree to indemnify and hold harmless **Stay Positive Animal Training and** its staff and agents of any and all claims of injury, expense, costs or damages caused by the actions of my pet. My signature also signifies that my dog or cat's rabies and other vaccinations are current in accordance with the requirements of the laws of Massachusetts and the state in which the pet resides.

SIGNATURE: _____ DATE: _____

PLEASE PRINT NAME: _____