



## Help Us Get to Know Your Pet

We are excited to create the best experience for your dog at Lucky Dog. By completing the below questions truthfully and accurately, it will help us to get to know your pet. The answers to these questions are to better help us customize your dog's experience with us. It does not disqualify your pet from our service. **Please fill out one sheet per dog.**

Owners Name: \_\_\_\_\_

Dog's Name: \_\_\_\_\_

Dog Breed: \_\_\_\_\_

How long have you had your dog? \_\_\_\_\_

Where did you get your dog?

Breeder       Shelter       Rescue Group       Other: \_\_\_\_\_

Has your dog ever been to a boarding facility before?       Yes       No

How was the experience?

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Has your dog ever been in a day care or dog park?       Yes       No

How was the experience?

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**Behavioral Advisories:** [please check all that apply and add explanation if necessary]

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Not House Trained       | <input type="checkbox"/> Biter (People or Animals) | <input type="checkbox"/> Excessive Mounting       |
| <input type="checkbox"/> Excessive Barking       | <input type="checkbox"/> Jumper                    | <input type="checkbox"/> Excessive Marking        |
| <input type="checkbox"/> Separation Anxiety      | <input type="checkbox"/> Digger                    | <input type="checkbox"/> Coprophagia (poop eater) |
| <input type="checkbox"/> Toy Possessive          | <input type="checkbox"/> Aggressive towards dogs   | <input type="checkbox"/> Food Allergy             |
| <input type="checkbox"/> People Aggressive       | <input type="checkbox"/> Crate Trained             | <input type="checkbox"/> Food Aggressive          |
| <input type="checkbox"/> Doesn't Like Men        | <input type="checkbox"/> Doesn't Like Women        | <input type="checkbox"/> Doesn't like strangers   |
| <input type="checkbox"/> Doesn't Like small dogs | <input type="checkbox"/> Doesn't like large dogs   | <input type="checkbox"/> Other to know            |

Please describe the behavior and incident if you checked any of the above as advisories:

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[Type here]

**Medical:**

Is your dog currently on any medications?  Yes  No

Name and Dosage:

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Additional Medication information

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Does your dog have any medical concerns? (Seizures, stress diarrhea, anxiety, etc.)  Yes  No

Describe concerns:

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**Other:**

Has your dog ever jumped or climbed a fence?  Yes  No

Describe height and type:

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**Owner's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_