

ENROLLMENT APPLICATION



OWNER INFORMATION

NAME _____	() _____ HOME PHONE
ADDRESS _____	() _____ WORK PHONE
CITY / STATE / ZIP _____	() _____ CELL PHONE
EMAIL _____	() _____ OTHER PHONE

ALTERNATE EMERGENCY CONTACT

NAME _____	() _____ PHONE
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VETERINARIAN

NAME _____	() _____ PHONE
ADDRESS _____	CITY / STATE / ZIP _____

PET INFORMATION

NAME _____	BREED _____	COLOR _____	
<input type="checkbox"/> M <input type="checkbox"/> F SEX	/ / BIRTHDAY	WEIGHT _____	CHIP # _____

Please provide any pertinent information, i.e., food quantity and schedule, food allergies or restrictions, medication schedule, etc.

FOOD / TREATS INSTRUCTIONS:

MEDICATION INSTRUCTIONS:

KEY/ENTRY INSTRUCTIONS:

OTHER INSTRUCTIONS:

*Please fax all forms to
206.957.9099*

PHONE 206.957.9097
TOLL-FREE 800.580.3646
FAX 206.957.9099

1548 First Avenue South
Seattle, Washington 98134

www.seattlecanineclub.com

FOR OFFICE USE ONLY

- | | | | |
|---|--|--|------------------------------------|
| <input type="checkbox"/> Enrollment/H & T | <input type="checkbox"/> Vet Records | <input type="checkbox"/> Data Entry | <input type="checkbox"/> Screened |
| <input type="checkbox"/> Enrollment Fee | <input type="checkbox"/> Medical Release | <input type="checkbox"/> Owner Agreement | <input type="checkbox"/> Pass Card |

SOURCE / REFERRAL _____

CREDIT CARD # _____ EXP. DATE _____

HEALTH & TEMPERAMENT HISTORY



YOUR NAME _____

DOG'S NAME _____

DOG'S BREED _____

M F

SEX

AGE

DATE YOU ACQUIRED DOG _____

DATE DOG WAS SPAYED OR NEUTERED _____

AGE DOG WAS SPAYED OR NEUTERED _____

1. Where did you get your dog?

2. If adopted, do you know his/her past history?

3. List any other animals in your household by type, sex and age:

4. How does your dog relate to other household pets?
(ignores or plays with them, is jealous, etc.)

5. How does your dog respond to children?

6. Is your dog afraid of any items, actions or noises?

7. How does your dog respond to strangers coming into your home?
(shy, friendly, jumps up, etc.)

8. Does your dog bark or growl at anyone passing by your home or yard? YES NO

9. Has your dog spent time in day care or at an off-leash park? YES NO

If so, how does he/she respond?

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Please complete all pages

HEALTH & TEMPERAMENT HISTORY *continued*

10. Has your dog ever growled, snapped or bitten a person or another animal? YES NO
If yes, please describe the event(s):

11. What toys and games does your dog like?

12. Does your dog have any crate experience?
 YES NO

13. Has your dog had any formal obedience training?
 YES NO

14. What commands does your dog know?

15. Does your dog have problems in any of the following areas? If so, please check and describe:

- Housetraining Toy Possessive
 Barking Food Possessive
 Jumping Chewing
 Collar Sensitive Stool Eater

DESCRIBE:

16. List any regular medication your dog takes:

17. Is your dog on a flea control program? YES NO
If so, what is it?

18. Describe any allergies your dog may have:

19. Describe any other health problems or restrictions that should be placed on your dog's activities or movements::

19. Is your dog accustomed to being groomed by strangers? YES NO

20. Does your dog like to be brushed? YES NO

21. Does your dog generally tolerate
– having a bath? YES NO
– nail clipping? YES NO

20. Does your dog have any sensitive areas on his/her body? YES NO

DESCRIBE:

20. Where are your dog's favorite petting spots?

21. What are your dog's favorite rewards?

22. Please tell us anything else about your dog's current health, previous injuries or surgeries, personality, behavior or temperament that will help us understand his or her individual needs:
