



41124 Mound Road
Sterling Heights, MI 48314
586-991-5370
www.dirtypawslounge.com

Owner's Name: _____ Home Phone: (____) _____

Address: _____ Work Phone: (____) _____

City: _____ State: _____ Zip: _____ Cell Phone: (____) _____

Email: _____ Other Phone: (____) _____

Dog Name: _____ Breed: _____ DOB: _____ Weight: _____

Color: _____

How long have you had your dog? _____ Where did you get your dog? _____

Preferred Vet/Clinic: _____ Phone # _____

Emergency Contact _____ Phone # _____

Y N Is your dog housebroken?

Y N Does your dog like to play in water?

Y N Does your dog get along/like to play with other dogs?

Y N Are there any kinds of people that your dog automatically fears or dislikes? (men, people in uniform, etc.)

Y N Has your dog ever growled when you take his/her food or toys away?

Y N Does your dog mark indoors?

Y N Has your dog ever growled, snapped, or bitten anyone? Dog Adult Child

If YES, did it break the skin? Y N

****If YES, requires management approval. Circumstances:** _____

Staff Notes: _____

Staff Signature: _____

Is/does your dog

- Digger Chewer/Shredder Fence Climber (type of fence & height _____) Barker
 Rolls in feces Eats feces

Where does your dog stay when you are not at home?

- Crate Garage Roams free in house Confined in one room Other:

Where does your dog sleep?

- Owner's Bed Sofa/Chair Dog Bed on Floor Crate Other:

Does your dog act afraid of any of the following?

- Thunder/Lightening Vacuum/Sweeper Firecrackers Strangers Other:

How do you control/correct misbehavior?

- Shock Collar Choke/Prong Collar Time Out Newspaper/Magazine
 Verbal (explain):

How does your dog react to a crate?

- Love Tolerate Hate Destroy

What brand of food do you feed? (main meals)

How do you feed your dog?

- Food Always/Free Feed Twice a day Once a Day (AM or PM?) Other:

Any additional items that your dog consumes?

- Dog Treats Table Scraps Bones Feces Other:

Y N Does your dog have any allergies? _____

Y N Does your dog have any arthritis, limping, injuries, hot spots, skin problems, sensitive areas, or stitches that our staff should be aware of? _____

Y N Any past surgeries other than spay/neuter? _____

Y N Is your dog taking any medications? (Please attach separate sheet detailing meds, dosage, reason, & vet)

What method of Flea Control (required) do you use? _____

On a scale of 1-5, how easy is it for you to groom your dog (bath, clip, brush, etc.)?

1 2 3 4 5

Dream Dog

I don't care how much the groomer charges...it's worth it!

Y N Do you have your dog professionally groomed? If so, where? _____

Y N Has your dog ever been boarded or attended doggie daycare?

Where? _____

What types of activities does your dog like? (fetch, tug) _____

Any tricks your dog likes to perform?

Any bad habits or behavior problems that you are working on? _____

Any other comments/special instructions that may be _____

How did you hear about Dirty Paws Lounge?

Advertisement Dirty Paws Lounge Employee Friend/Dirty Paws Lounge Customer

Website/Internet Search Phone Book Facebook Other _____

Name of referral (friend, vet, employee, etc.): _____

Owner Signature: _____ Date: _____

Staff Signature: _____ Date: _____