



# Membership Application

Please Note: All dogs must wear a quick-release collar, have up to date vaccination records (or veterinarian signed health certificate), and successfully complete our application and evaluation process.

## OWNER'S INFORMATION

NAME(S): \_\_\_\_\_

PHONE (Home): \_\_\_\_\_ (Work): \_\_\_\_\_

(Cell): \_\_\_\_\_ (email): \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

CITY, STATE, ZIP: \_\_\_\_\_

WHO IS AUTHORIZED TO PICK UP YOUR DOG FROM BUSTER & LILLY'S?

\_\_\_\_\_

HOW DID YOU HEAR ABOUT US? \_\_\_\_\_

## DOG(S) INFORMATION

NAME: \_\_\_\_\_ BREED: \_\_\_\_\_ SEX: \_\_\_\_\_

AGE: \_\_\_\_\_ BIRTH DATE (IF KNOWN): \_\_\_\_\_ SPAYED/NEUTERED \_\_\_\_\_

NAME: \_\_\_\_\_ BREED: \_\_\_\_\_ SEX: \_\_\_\_\_

AGE: \_\_\_\_\_ BIRTH DATE (IF KNOWN): \_\_\_\_\_ SPAYED/NEUTERED \_\_\_\_\_

VETERINARIAN CLINIC: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE: \_\_\_\_\_

## EMERGENCY CONTACTS

NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

**Name of dog(s):**

Nicknames?

How long have you had your dog(s)?

Where did you get your dog(s)?

Has/have your dog(s) attended daycare elsewhere?

If so, where?

Do you use a crate with your dog(s)?

What is their reaction?

Does/do your dog(s) have any medical conditions that require restrictions on their activities, movements or diet?

If yes, please describe.

Does/do your dog(s) have any allergies?

Does your dog share his/her food or toys with other animals?

Has/have your dog(s) ever acted aggressively towards another dog?

Are there any kinds of people your dog(s) automatically fears or dislikes?

Has/have your dog(s) ever growled at someone?

If so, what were the circumstances?

Has/have your dog(s) ever bitten someone?

If so, what were the circumstances?

Has/have your dog(s) ever growled or snapped at anyone taking food or toys away?

What else should we know about your dog(s)?