

Wiggly Tails, Inc.

- A Waggin' Good Time!

1915 Holste Road, Northbrook, IL 60062
Phone: 847.272.4141 Fax: 847.272.4234
www.wigglytails.com info@wigglytails.com



Application

Customer Info: (Please Print Clearly!)

Name: _____

Address: _____ City _____ Zip _____

Home Phone: _____ Work Phone (who): _____

Cell Phone #1 (Who?): _____ Cell Phone #2 (who?): _____

Email Address: _____ (for our newsletter and updates!)

How did you hear about us? If referred, tell us who? _____

Emergency Contact: _____ Phone(s): _____
Relation: _____

Pet Info:

Dog #1: _____ Birthdate: _____ Weight: _____ Breed: _____

Color(s): _____ Sex: Male / Female Neutered/Spayed: Yes / NO (required by 9 months)

Dog #2: _____ Birthdate: _____ Weight: _____ Breed: _____

Color(s): _____ Sex: Male / Female Neutered/Spayed: Yes / NO (required by 9 months)

Vet Info:

Name: _____ Phone: _____

Address: _____

Vaccinations:

Your dog must be current with these vaccinations and written confirmation from your vet is needed **prior** to admittance. For your convenience, have your vet fax us a copy of your dog's health record: 847.272.4234 (fax) *****PLEASE FILL IN DATE OF LAST VACCINATION*****

1) Rabies _____ 2) DHLPP _____

3) Bordatella _____ 4) Fecal _____

**In addition we require your dog to be on both Heartworm Medication and Flea/Tick Prevention year-round:

Heartworm Medication used: _____ Flea/Tick Prevention Method: _____

Pet Personality Profile:

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

If adopted, do you have knowledge of your dog's past history? If yes, describe: _____

Does your dog like kids?: _____ Does your dog get along with other animals in your home? _____

Does your dog like to be brushed? _____ Does your dog like to play in pools or swim? _____

How does your dog react to a stranger coming into your home or yard? _____

Are there any kinds of people or dogs your dog automatically fears or dislikes? _____

How does your dog react to puppies? _____

Has your dog ever growled or shown aggression? _____ What were the circumstances? _____

Has your dog ever bitten or injured a person or another dog? _____ What were the circumstances? _____

Has your dog ever jumped/climbed over a fence? _____ How high was the fence? _____

Are there any physical restrictions that need to be placed on your dog? _____

Does your dog take medication, if so what and why? _____

May we give your dog an occasional dog biscuit? _____

Does your dog have any problems in the following areas? (Check all that apply)

Chewing ___ Nipping ___ Housetraining ___ Barking ___ Digging ___ Jumping ___

Has your dog had any formal obedience training? _____ If yes, with whom? _____

What commands does your dog know? _____

Is your dog crate trained? _____

Does your dog have any medical conditions we should know about? _____

Any other comments or things we should know about your dog? _____

What services are you planning on using? Daycare ___ Boarding ___ Training ___ Grooming ___