

# BIG BROWN PAWS DOGGIE DAY-CARE - TAUPO



## Customer forms

Full Name:	
Address:	
Email:	
Phone Number and Mobile:	
Work:	
Emergency contact:	

## Market Research:

Where did you hear about us:						
What is your Occupation						
What is your ethnicity						
What is your age group	Under 20	20-30	30 -40	40-50	50-60	Over 60

## Which best describes your family lifecycle stage

family with pre-school or school age children.	unattached adult	couple with no kids
middle aged parents with children no longer living at home		retirement

## WHAT DAYS INTERESTED:

Monday	Tuesday	Wednesday	Thursday	Friday	Casual
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## WHAT OTHER SERVICES:

Dog walks	Dog Bus	Dog Wash	Nails Cut	Full Grooming
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Why have you decided to enrol your dog at a doggie day-care?

What do you hope your dog gains by attending day-care?

How often does your dog have social interactions with other dogs? And Where?

How often does your dog exercise? How far? How long?

How does your dog cope with change? (environments , moving, new family member, sickness etc)

What Veterinary clinic are you register with? \_\_\_\_\_

Do you have pet insurance?

## EXPOSURE HISTORY:

Where did you get your dog from?	
What age was your dog when you got them?	
Socialization in the first year, what type?	
Have you been to puppy school/ training:	

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### YOUR DOG:

<b>Pet Name:</b>			
<b>Breed:</b>			
<b>Age/Birth date:</b>		<b>Colour:</b>	
<b>Desexed/Age done:</b>		<b>Sex:</b>	

### VACCINATIONS:

<b>DHPP</b>	<b>Distemper/Hepatitis/Parainfluenza/Parvovirus</b>	
<b>KC</b>	<b>Bordatella (kennel Cough)</b>	
<b>Lepto</b>	<b>Lepto Virus:</b>	
<b>Flea treatment, product:</b>		
<b>Worming treatment/product:</b>		
<b>Rego number:</b>		

### MEDICAL HISTORY:

<b>Medical conditions:</b>	
<b>Taking any Medication:</b>	
<b>Allergies:</b>	

### DIET:

<b>What type of food does your dog eat ? (dry/wet, raw, brand)</b>	
<b>How often do you feed your dog/how much?</b>	
<b>Does your dog have any food Allergies?</b>	

### HAS YOUR DOG EVER DONE ONE OF THE FOLLOWING, IF YES PLEASE EXPLAIN

<b>Digs holes in yard</b>	
<b>Any in-home destruction</b>	
<b>Had complaints for barking</b>	
<b>Escaped from your property:</b>	
<b>Growled at people:</b>	
<b>Teeth on people or bitten</b>	
<b>Fight with a dog:</b>	
<b>Bitten a dog:</b>	

### HOW IS YOUR DOG TO THE FOLLOWING, PLEASE EXPLAIN?

<b>Stress easy or gets anxiety:</b>	
<b>How are they with children:</b>	
<b>Other animals:</b>	
<b>Having feet touched, nails cut</b>	
<b>Been bathed or washed</b>	
<b>Will your dog tolerate crate</b>	