

## Pack Member Profile

## Daycare and Boarding

## **Owner Information**

Parent's Name:		_Email:		
		ity:	St.:_	Zip:
Primary Phone:		Secondary Ph:		·
Emergency Contact (other than yourself or partner):		ph:		
Pack Member Profil	e			
•	Breed:	Col	or(e)·	
	Weight:			
• •				, •
•	the family?			
• • •	g his/her feet touched?			
•	on your dogs body?			
_	ence?			
	dogs on a regular basis?	-		
	cialization:			
• •	?			
	are environment before?			hey do well?
Has your dog ever growled/si	napped/bitten any dog <i>or</i> person wh	no has touched his/her	food, water, t	oys, bones or
for any other reason?				
Does your dog automatically d	islike any kind of person or dog (mei	n, elderly, children, larg	er/smaller do	gs)?
Does your dog have separation	n anxiety?			
• • •	problems/sensitivities we should be			
What is your main reason for a	daycare?			
How did you hear about The W	iggle Room?			
Medical Information	•			
•	reventative do you use?			
	act or food):			
-	hritis or joint issues?			
	roblems (current or previous):			
cist and other major meadarp	Toblems tour em or provious.			<del></del> -
Boarding Informati	ON (if you do not plan to ever bo	ard at The Wiggle I	Room please l	leave this section blank)
What kind of food does your d	og eat?			
How many measured cups of t	food does your dog get per day?		At what ti	mes?
Does your dog prefer to use, o	r have access to, a crate at night? _			
Other bedtime routines:				

Please make sure to attach all necessary medical information for enrollment.