

Adventure Dog Ranch 14914 2nd Ave NE Marysville WA 98271

Phone: (360) 652-2924 Fax: (360) 652-2928

www.AdventureDogRanch.com

Owner Information

Name: Dog1 Name: Breed/Sex/Age: Address:				Spouse's Name:				
				Breed/Sex/Age:				
								City, Sta
		PLEASE P	PLACE A * NEXT TO	THE BEST # TO	O CONTACT YOU AT.			
Home Ph	Home Phone:				Work Phone:			
Mobile Phone:				E-mail Address:				
Persor	n(s) to Con	tact if you or	your spouse	cannot b	e reached:			
Contact:				Home Phone:				
Mobile Phone				Work Phone:				
City, State, Zip:				Please * Which phone # we should try 1st.				
Veteri	nary Infor	mation:						
Veterina	rian Name: _		Hospi	tal or Practi	ce Name:			
Address	·							
How did	you hear abo	out Adventure Dog	g Ranch?:					
Prefer	red Metho	od(s) of Payn	nent: (Check	cone)				
Cash _	Check* _	Pay Pal	_ Mastercard	Visa	Discover			
Billing Ad	ddress (if diffe	erent from above)						
					*There will be a \$25.00 fee f	or each returned check		
		Join our	Mailing list a	nd receiv	e special offers!			
If you'd lik	ke to receive up	odates on your Dog	s activities, promo	tional e-mails	or notification of Special Events	at the Ranch.		
Initial Her	re	(We will NEVER sell	your Contact inform	ation or send y	ou SPAM.)			
Date of Evaluation:		Boarding / Daycare Dates:			Drop off / Pickup Times*	(approx)		



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Please complete the information below for each dog visiting Adventure Dog Ranch!

General:					
Owner(s) Name:		Phone #:	Date:		
Dogs Name:		Breed:			
Sex: Male / Female	(Please circle one)	Neutered / Sp	payed? Yes / No (Please Circle One)		
Age	Date of Birt	th:	Weight (approx):		
Color / Markings:					
Do you use a Flea Pro	ogram for your do	g? Which One?	?		
Does your pet have a	ny Allergies (Food	d or Other):			
Does your dog have a	any health issues	that will limit mo	ovement or activity?		
Describe:					
Medications:					
Name:		Name:			
Reason Prescribed: _			Reason Prescribed:		
Frequency & Dosage:		Frequen	Frequency & Dosage:		
Notes/Comments:					
Food:					
What type / brand of f	ood does your do	g eat?			
Amount:	Number of [¬]	Times Per Day:			
Dietary Restrictions (if	f any):				
Is your Dog overly pos	ssessive of his foo	od Bowl?			
Activity:					
How active is your do	g?				
Has your dog enjoyed	l other dog ranche	es or daycares?	Yes / No (circle one) If Yes Which ones		
Have you visited Off-L	_eash Dog Parks?	Y/N (circle	one) Any issues in that environment?		



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Favorites and Fun:

What is your Dog's Favorite thing to do?							
Favorite Treats?							
Favorite Place(s) to be scratched or petted?							
Any Other Likes or Dislikes We should know about?							
Behavior:							
Is there any particular type of person your dog tends to fear or dislike?							
Is your dog okay with puppies? Yes / No (circle one) If No please describe							
How does your dog react to large or Dominant Dogs?							
Has your pet ever acted aggressively towards anyone who tried to take its food or toys away?							
Has your dog ever bitten anyone hard enough to draw blood?							
Details:							
Has your pet ever been involved in an episode /altercation severe enough that stitches were required?							
Is your dog overly protective around yourself or other family members?Explain:							
Are you interested in having our Trainer work with your dog to resolve any behavioral issues while your pet is with us?							
Anything Else We Should Know about?							
Other: How did you hear about Adventure Dog Ranch?							
If you found us via Internet Search, which Search engine did you use?							

NOTE: We use these answers to gauge socialization skills and make your pets stay as fun and non-threatening as possible. These answers will also help keep our staff members safe. Any determination about eligibility of enrollment will be made during the initial on-site evaluation visit. Keep in mind that we cannot accept pets over 9 months old that that have not been Neutered or Spayed.

For more info please Call us or Email: Info@AdventureDogRanch.com