



# Guest Application

Date: \_\_\_\_\_

Name of Guest(s): \_\_\_\_\_

Breed(s): \_\_\_\_\_

Age(s): \_\_\_\_\_

Gender(s): \_\_\_\_\_ Spayed/Neutered?    Yes    No

People's Name(s): \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

## Emergency Contacts

Name (Other Than Yourself): \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Veterinarian: \_\_\_\_\_

Clinic or Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Has your dog ever been to a Doggie Daycare before?                      Yes                      No

If yes, how recently and how did they do? \_\_\_\_\_

Have you ever boarded them at either a friend's house or a boarding facility?                      Yes                      No

If yes, how did they adjust? \_\_\_\_\_

How long have you had your dog? \_\_\_\_\_

When left alone, where does your dog stay? (ie: crate, confined to specific area, free to roam) \_\_\_\_\_

\_\_\_\_\_

Is your dog crate trained?                      Yes                      No

Is your dog shy or aggressive towards other dogs, people or children?                      Yes                      No

How does your dog react to puppies and little dogs? \_\_\_\_\_

Do friends or family ever bring their dogs to your house?                      Yes                      No

If yes, how does your dog react? \_\_\_\_\_

Do you ever take your dog to off-leash areas in the park?                      Yes                      No

If yes, how does your dog react? \_\_\_\_\_

Has your dog ever been in a dog fight, or been attacked by another dog?                      Yes                      No

Does your dog enjoy playing with other dogs, or do they mostly prefer to just hang out? \_\_\_\_\_

\_\_\_\_\_

Is your dog ever toy- or food-protective with either people or other dogs?                      Yes                      No

Does your dog bark a lot at home, in the yard or when playing with other dogs?                      Yes                      No

Does your dog respond to any kind of commands?                      Yes                      No

Is your dog completely potty-trained?                      Yes                      No

Does your dog have any tendency to lift their leg or squat inside?                      Yes                      No

Does your dog have any other behavioral traits that we should be aware of? Yes      No  
(ie: chewing, digging, separation anxiety, poop eating, etc.)

If yes, please explain: \_\_\_\_\_

Is your dog experiencing any flea problems currently? Yes      No

Are they on any kind of flea-prevention program? Yes      No

Has your dog been sick recently, or had injuries of any kind in the past? Yes      No

If yes, please explain: \_\_\_\_\_

Are all vaccinations current? Yes      No

Which services are you interested in? Day Boarding      Overnight Boarding      Both

If Day Boarding, how many days per week, and any particular day(s) in mind? \_\_\_\_\_

\_\_\_\_\_

How did you hear about us? \_\_\_\_\_

**Terms and Conditions:**

I understand that I am solely responsible for any harm caused by my dog(s) while attending Day Boarding or as an Overnight Boarding Guest at the Howliday Inn. I further understand and agree that the Howliday Inn and their staff are not liable for any problems that may develop. I release them from any liability of any kind whatsoever arising from my dog(s)' attendance or stay. I also assume full financial responsibility for any and all expenses involved. I give the Howliday Inn and their staff permission to seek Veterinary care if necessary from our personal Veterinarian, Dr. \_\_\_\_\_ at \_\_\_\_\_  
\_\_\_\_\_ Veterinary Clinic/Hospital and will assume full financial responsibility for the care my dog is given there. In the event of an emergency, I would prefer my dog be taken to the nearest Clinic or Hospital.

**Signature** \_\_\_\_\_ **Date:** \_\_\_\_\_



# Overnight Guest Info

Date: \_\_\_\_\_

Phone number where you can be reached: \_\_\_\_\_

What brand of food do you feed your dog? \_\_\_\_\_

Total cup(s)/your scoop(s) per day: \_\_\_\_\_

Feed one time per day:      Morning      Evening

**OR**

Feed two times per day:      Morning: \_\_\_\_\_ cups      Evening: \_\_\_\_\_ cups

## Medications/Supplements:

(Please be specific about exact doses, times, procedures, etc. Put with food in a dish? with cheese? down the hatch? or takes like a treat?)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Does your dog have any allergies?      Yes      No

If so, what are they and how do they manifest? \_\_\_\_\_

\_\_\_\_\_

Where does your dog sleep at night? \_\_\_\_\_

Can they make it through the night without having to go out to potty?      Yes      No