



2250 Pennsylvania Ave.
Madison, WI 53704
Phone: (608) 663-WOOF
WWW.SPAWOOF.NET

CLIENT INFORMATION FORM

Thank you for choosing SPA WOOF, Madison's premier dog spa. Please take the time to fill out the following information regarding you and your dog. This information will help us at SPA WOOF to better care for your trusted companion and enable us to provide a safe and fun environment for both your dog and others as well. Thank you and welcome to SPA WOOF.

OWNER'S INFORMATION

LAST NAME: _____ FIRST NAME: _____

STREET ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

HOME PHONE: _____

WORK PHONE: _____

MOBILE PHONE: _____

E-MAIL: _____

EMERGENCY CONTACT NAME: _____ RELATIONSHIP: _____

EMERGENCY CONTACT NUMBER: _____

EMERGENCY CONTACT NAME: _____ RELATIONSHIP: _____

EMERGENCY CONTACT NUMBER: _____

Please list all persons who are authorized to drop-off / pick-up your dog. *We will only release your dog to the names listed below.*

_____	_____
_____	_____
_____	_____

Please tell us how you heard about SPA WOOF: _____

PET'S INFORMATION

Dog's Name: _____ Breed: _____

Birthdate: _____ Age: _____

Male _____ Female _____ Is your dog spayed/neutered? _____

Color: _____ Weight: _____

Has your dog ever been boarded: _____ How was the experience: _____

Has your dog ever attended daycare: _____ How was the experience: _____

Is your dog Licensed: _____ License #: _____

VETERINARIAN INFORMATION

Veterinarian: _____ Clinic Name: _____

Address: _____

Clinic Phone #: _____

Clinic Fax #: _____

Date of last physical exam: _____

Date of Last Fecal Exam: _____

VACCINATIONS

All vaccinations listed below are required and must have been administered within the past 7 days to 11 months to be on the premise of SPA WOOF.
Veterinary proof of vaccinations is required.

Rabies: _____ Date administered: _____ Date Due: _____

DHLPP: _____ Date administered: _____ Date Due: _____

Bordatella: _____ Date administered: _____ Date Due: _____

Is your dog on any flea preventative: _____ Brand used: _____

Is your dog on any heartworm preventative: _____ Brand used: _____

Does your dog have any physical limitations regarding movement or physical activity:

Does your dog have any allergies: _____

What type of food is your dog fed: _____

Are there any food restrictions: _____

Is your dog allowed to have dog biscuits or treats during his/her stay: _____

Please list any medications your dog is presently taking and the frequency and time administered:

Are there any other medical/physical or other conditions we at SPA WOOF should be aware of:

IN CASE OF AN EMERGENCY:

_____ Take my dog to our veterinarian only (when possible)

_____ Take my dog to the nearest animal hospital/clinic

In case of any emergency situation or injury, you will be contacted immediately. If we are unable to reach you and immediate medical attention is required, we will transport your dog to your veterinarian if available, unless otherwise instructed by you, as per above or by contact with you. If the situation requires immediate care and is severe we will transport your animal to the nearest animal hospital/clinic for care. Transportation will be at no cost to you. Owner is responsible for all cost incurred at the Hospital or clinic. If the situation does not require immediate attention you will be contacted and advised of the situation and we will follow your instructions if possible.

BEHAVIORAL INFORMATION

Does your dog have any obedience training: _____

If so what commands is he/she familiar with: _____

Does your dog get along well with other dogs: _____

Has your dog been exposed to young children: _____

Has your dog ever been groomed before: _____

Has your dog had his/her nail trimmed: _____ What was his/her reaction to either: _____

Please list any problems that your dog may present, e.g., aggression, climbing, specific fears, bad experiences, object possessiveness, etc.:

Does your dog have any areas on his/her body that he/she does not like touched:

How does your dog react when people approach your property:

Does your dog have any specific signs to show he/she is unhappy or stressed:

Is there any other information SPA WOOF should know regarding your dog to make his/her stay more comfortable:

Owners Signature: _____ Date: _____

Reviewed by: _____ Date: _____