

# AUCKLAND KENNEL AND CATTERY

## DOG INFORMATION SHEET

**DOGS NAME:** \_\_\_\_\_

**OWNERS NAMES AND SURNAME:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**HOME PH:** \_\_\_\_\_

**ALTERNATIVE CONTACT TEL:** \_\_\_\_\_

**E M A I L** \_\_\_\_\_ **A D D R E S S :** \_\_\_\_\_

**BREED:** \_\_\_\_\_

**MALE/ FEMALE** \_\_\_\_\_

**DESEXED: Y / N** \_\_\_\_\_

**DATE OF BIRTH OR AGE** \_\_\_\_\_

**VET:** \_\_\_\_\_

**VACC DUE: (office use )** \_\_\_\_\_

**We endeavour to provide the best care for your pets. To help ensure the safety and well being of your pet, staff, and other dogs, during its stay, we please ask you to fill out this form.**

### Circle the applicable options:

#### HOW DID YOU HEAR ABOUT US?

**YELLOW PAGES**

**VET**

**FRIEND**

**WORD OF MOUTH**

**OTHER**

#### 1. WHERE DID YOU GET YOUR DOG FROM?

**BREEDER**

**SPCA**

**DOG RESCUE**

**PET SHOP**

**OTHER,** \_\_\_\_\_

**2. HOW LONG HAVE YOU HAD THE DOG?**

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**3. HAS YOUR DOG BEEN IN KENNELS BEFORE  
YES / NO**

**IF YES, HOW MANY TIMES**

**Once**

**2-5 times**

**5+ times**

**Name of Kennels:**

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**5. WHICH OF THESE CHARACTERISTICS WOULD BEST  
DESCRIBE YOUR DOG (CIRCLE ALL APPLICABLE ONES)**

**FRIENDLY**

**SOCIABLE**

**TIMID**

**SHY**

**ANXIOUS**

**BOISTERIOUS**

**MILDLY AGGRESSIVE IF PROVOKED**

**INDEPENDENT**

**AGGRESSIVE**

**TERRITORIAL**

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**6. HOW DOES YOUR DOG INTERACT WITH OTHER DOGS.**

**WELL**

**NOT WELL.**

**7. HOW DOES YOUR DOG REACT TO STRANGERS.**

**WELL**

**NOT WELL**

**8. DOES YOUR DOG CLIMB FENCES**

**YES/ NO**

**DO NOT KNOW**

**9. DO YOU WANT YOUR DOG SOCIALIZED WITH OTHER DOGS.**

**YES / NO**

**10. ARE THERE ANY BEHAVIOURAL TENDANCIES THE KENNEL STAFF SHOULD KNOW ABOUT, IE, TRIES TO BITE A HAND WHEN BEING LED BY HAND AT THE COLLAR.**

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**11. DOES YOUR DOG SUFFER FROM ANY MEDICAL CONDITIONS IE, SKIN ALLERGIES, EXCESSIVE EYE WEEPING OR HAD MEDICAL TREATMENT WE SHOULD KNOW ABOUT.**

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**12. HAS YOUR DOG ANY WOUNDS, TUMOURS OR FATTY LUMPS, BALD PATCHES OF HAIR, LIMPING, SCRATCHING ETC. HAVE THEY RECEIVED TREATMENT FROM A VET RECENTLY. PLEASE EXPLAIN BRIEFLY AND POINT THESE ISSUES OUT TO STAFF .**

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**13. DOES YOUR DOG SUFFER FROM SEPARATION ANXIETY?**

**YES/NO**

**Please explain behavioural symptoms**

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**The Auckland Kennel and Cattery will not be held responsible for any loss, injury incurred or event regarding your dog as a result of any information not supplied on this sheet or not communicated verbally to kennel staff.**

**All bedding/baskets must be marked clearly. We wash bedding frequently, so endeavour to mark it permanently. We cannot be held responsible for loss of these items including toys.**

**Should we decide, at our sole discretion, that veterinary advice or treatment is necessary, we are hereby authorized to obtain such advice or treatment from a veterinarian of our choice and that the dogs owners are liable for fees incurred, including a \$20 time/ transport cost per visit.**

**NAME: ..... SIGNED .....**  
**DATE .....**