



www.stoneyruncaninecamp.com

463 S County Line Road Hebron, IN 46341

Phone: 219-996-DOGS (3647)

Email: info@stoneyruncaninecamp.com

Pet Parent Name1: _____	Pet Parent Name2: _____
Address: _____	Address: _____
City, State, Zip: _____	City, State, Zip: _____
Home Phone: _____	Home Phone: _____
Work Phone: _____	Work Phone: _____
Mobile Phone: _____	Mobile Phone: _____
Email Address: _____	Email Address: _____

Emergency Person to Contact if you can't be reached. This person should be someone you trust making decisions about your dog.

EMERGENCY CONTACT #1

EMERGENCY CONTACT #2

Name: _____	Name: _____
Address: _____	Address: _____
City, State, Zip: _____	City, State, Zip: _____
Home Phone: _____	Home Phone: _____
Work Phone: _____	Work Phone: _____
Mobile Phone: _____	Mobile Phone: _____
Email Address: _____	Email Address: _____

VETERINARY INFORMATION

Veterinarian Name: _____	Hospital Name: _____
City: _____	Phone: _____

Refer A Friend Program

How did you hear about us? WEBSITE VET APT-COMPLEX TRAINER FRIEND ADVERTISEMENT

What is your friends first/last name? _____ What is their dog's name? _____

Advertisement Information: _____



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Pet/Client Info

Please fill this form for each of your dogs.

POOCH's Name: _____
 Breed: _____ Sex (M/F): _____
 Neutered/Spayed: _____ Date of Birth/Approx Age: _____
 Color: _____ Identifying Marks: _____
 Odd lumps/scars: _____

MEDICATIONS/FOOD

Pooch

Name of Medication: _____ Reason for Use: _____
 Times/day: _____ Any Medical Conditions: _____
 Has your dog ever had a seizure? _____ Does your dog have hip dysplasia? _____
 Allergies: _____ Dietary Restrictions: _____
 What food does your dog eat?: _____ Has your dog been ill in the last 30 days? _____
 _____ Is your dog on flea control? _____

POOCH'S ORIGIN How old was your dog when he came home? _____
 How/where did you get your dog? _____

POOCH'S HABITS

Does your dog tolerate being brushed? _____
 Are there any sensitive areas on your dog? _____
 How active is your dog? _____
 Has your dog visited: Other daycares: _____
 Dog Parks or Beaches: _____
 How did he react in these situations: _____
 How does your dog react to small dogs or puppies? _____
 Large dogs? _____
 Is your dog frightened by noises? _____
 Is there a type of person your dog is afraid of? _____
 Has your dog ever growled or snapped at anyone taking food or toys away? _____
 Does your dog exhibit protective behavior? _____
 Has your dog ever bitten a person or animal causing injury or death? _____
 Has your dog ever been in a dog fight that ended with injuries? _____
 Does your dog tend to be an escape artist? _____
 Is your dog ok with confined spaces? _____, with being crated? _____
 Has your dog ever tried to climb a 6 foot fence? _____
 Does your dog play with toys? _____
 Does your dog has a barking problem? _____
 Does your dog use his mouth too rough on you or your family? _____
 Has your dog had training? _____
 Which trainer? _____

