

**Lucky Dog**  
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[luckydogsea@gmail.com](mailto:luckydogsea@gmail.com)



**Owner Information**

🐾 Owner Name: \_\_\_\_\_

🐾 Address: \_\_\_\_\_

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

🐾 Place of Employment: \_\_\_\_\_

🐾 Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

🐾 Work Phone: \_\_\_\_\_ Other Phone \_\_\_\_\_

🐾 E-mail Address \_\_\_\_\_

🐾 Please List Person's authorized to Pick Up Your Dog(s) \*\*\* Your dog should be familiar with these people

Name \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_

🐾 Emergency Contact (other than yourself): \_\_\_\_\_

🐾 Relationship: \_\_\_\_\_ Home Phone: \_\_\_\_\_

🐾 Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

🐾 How did you hear about Lucky Dog? \_\_\_\_\_

*Please let us know if a Friend recommended Lucky Dog, we'd like to give them credit!*

Please provide information for the Credit Card you'd like Lucky Dog to keep on file:

🐾 Card Type: Visa      Master Card      Discover      Name on Card: \_\_\_\_\_

🐾 Card #: \_\_\_\_\_ Expiration (Month/Year): \_\_\_\_\_ / \_\_\_\_\_

🐾 3 Digit Code on back: \_\_\_\_\_ Billing Zip Code: \_\_\_\_\_

**General Pet Information** *(fill out the following separately for each dog)*

- 🐾 Name of Dog: \_\_\_\_\_
- 🐾 Nickname of Dog: \_\_\_\_\_
- 🐾 Breed: \_\_\_\_\_
- 🐾 Color/Markings: \_\_\_\_\_ Weight: \_\_\_\_\_
- 🐾 Female  Male  (please check) Birthday: \_\_\_\_\_
- 🐾 Neutered  / Spayed  (please check) If So When? \_\_\_\_\_
- 🐾 Does your dog(s) have a microchip? Yes  No  (please check) If Yes, please provide # and company below: \_\_\_\_\_
- 🐾 Type and Brand of Food: \_\_\_\_\_
- 🐾 How much food is fed each day? \_\_\_\_\_
- 🐾 How many feedings each day (ie. AM/PM)? \_\_\_\_\_
- 🐾 Any special feeding instructions? \_\_\_\_\_
- 🐾 Is it okay if your dog has treats? Yes  No  (please check)
- 🐾 Does your dog have any known Food Allergies? Yes  No  (please check)
- 🐾 Where is your dog's favorite place to be pet? \_\_\_\_\_
- 🐾 What are your dog's favorite things to do? \_\_\_\_\_

**Pet History**

- 🐾 How long have you owned your dog? \_\_\_\_\_
- 🐾 Where did you get your dog? \_\_\_\_\_
- 🐾 If you adopted your dog, do you have any information of your dog's past? Yes  No
- 🐾 If yes, please describe: \_\_\_\_\_
- 🐾 Is your dog housebroken? Yes  No  (please check)
- 🐾 Has your dog ever been to obedience training? Yes  No  (please check)
- 🐾 If yes, when and where? \_\_\_\_\_

🐾 Does your dog know any commands? Yes [ ] No [ ] (please check)

🐾 If yes, which ones? \_\_\_\_\_

🐾 Does your dog have any prior OPEN DAYCARE (open play), Boarding or Dog Park experience?

○ Yes [ ] No [ ]

▪ If Yes, When: \_\_\_\_\_ Length of experience: \_\_\_\_\_

▪ Location of experience: \_\_\_\_\_ How did it go? \_\_\_\_\_

🐾 Has your dog been crate trained? Yes [ ] No [ ] (please check) My dog has his own crate \_\_\_\_\_

🐾 Has your dog been leashed trained? Yes [ ] No [ ] (please check)

🐾 Does your dog have any specific fears that we should know of (objects, sounds, situations, etc.)

\_\_\_\_\_

### **Pet Health Information**

🐾 Veterinarian's Name: \_\_\_\_\_

🐾 Clinic Name: \_\_\_\_\_

🐾 Clinic Address: \_\_\_\_\_

🐾 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

🐾 Clinic Phone Number: \_\_\_\_\_

🐾 Any medical conditions/injuries? Yes [ ] No [ ] (please check)

🐾 If yes, please describe: \_\_\_\_\_

\_\_\_\_\_

🐾 Is your dog currently taking any medications? Yes [ ] No [ ]

🐾 If yes, please list type, dosage, frequency, and any other important instructions):

\_\_\_\_\_

\_\_\_\_\_

*\*\* Please send extra medication while boarding in case your dog needs to stay longer than expected*

🐾 Does your dog currently have a problem with fleas? Yes [ ] No [ ]

🐾 Is your dog currently on a flea/tick treatment? Yes [ ] No [ ]

🐾 If yes, please list type of treatment, brand name and frequency:

\_\_\_\_\_

🐾 Is your dog currently on heartworm medication? Yes [ ] No [ ]

🐾 If yes, please list type of medication and brand name: \_\_\_\_\_

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🐾 Does your dog have any known allergies (skin, shampoo, etc.)? Yes [ ] No [ ]

🐾 If yes, please list: \_\_\_\_\_

🐾 Does your dog have any sensitive areas on his/her body? Yes [ ] No [ ]

🐾 If yes, please describe where: \_\_\_\_\_

🐾 When is your dog due for the following vaccinations (please obtain paperwork to confirm dates)

○ Rabies \_\_\_\_\_ 1 year [ ] / 3 year [ ]

○ DHPP \_\_\_\_\_ 1 year [ ] / 3 year [ ]

○ Bordetella \_\_\_\_\_ 6 months [ ] / 1 year [ ]

🐾 When was your dog's last fecal exam (screen for Giardia Parasite)? (please obtain paperwork to confirm date)? \_\_\_\_\_ *\*\* This test is required every 6 months*

## **Dog Personality & Temperament Information**

🐾 How would you describe your dog's personality? (check all that apply)

🐾 Mellow/Calm [ ] Submissive [ ] Playful [ ] Unruly [ ]

🐾 Dominant/Alpha [ ] Well-Behaved [ ] Shy/Scared [ ]

🐾 Please circle YES or NO after the following questions.

🐾 Has your dog ever shown aggression towards adults or children? Yes [ ] No [ ]

🐾 Has this dog ever harmed any adults or children in any way? Yes [ ] No [ ]

🐾 Has your dog ever bitten a person or animal & broken the skin? Yes [ ] No [ ]

🐾 Has your dog ever bitten a human & left a bruise or mark? Yes [ ] No [ ]

🐾 Has this dog ever shown aggression towards large dogs? Yes [ ] No [ ]

🐾 Has this dog ever shown aggression towards small dogs? Yes [ ] No [ ]

🐾 Has this dog ever harmed cats? Yes [ ] No [ ]

🐾 Has this dog ever harmed another dog in any way? Yes [ ] No [ ]

○ If you answered "Yes" to any questions above, please elaborate:

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- 🐾 Is this dog food possessive? Yes [ ] No [ ]
- 🐾 Is this dog toy possessive? Yes [ ] No [ ]
- 🐾 Does this dog exhibit signs of "separation anxiety?" Yes [ ] No [ ]
- 🐾 Does this dog bark excessively? Yes [ ] No [ ]
- 🐾 Does your dog lunge and bark while on leash? Yes [ ] No [ ]
- 🐾 Is your dog on any medications for behavior issues? Yes [ ] No [ ]
- 🐾 Is this dog destructive to objects? Yes [ ] No [ ]
- 🐾 Is this dog destructive to furniture? Yes [ ] No [ ]
- 🐾 Is this dog shy? Yes [ ] No [ ]
- 🐾 Will your dog bark excessively (more than a few) if crated? Yes [ ] No [ ]
- 🐾 Has your dog shown signs of "marking" territory? Yes [ ] No [ ]
- 🐾 Is this dog known to jump fences? Yes [ ] No [ ] Height of fence?\_\_\_\_\_
- 🐾 Does your dog have any known fears or other anxieties? Yes [ ] No [ ]
- 🐾 Does your dog have a habit of eating inappropriate items? Yes [ ] No [ ]
- 🐾 Has your dog ever hunted and/or injured a small critter? Yes [ ] No [ ]
- 🐾 Has/does your dog attend(ed) off leash parks? Yes [ ] No [ ]
- 🐾 Please use this space to clarify any of the answers above or tell us any useful information about your dog in a pack (or group of dogs) setting:

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*I certify that I am the primary owner of this pet and that I have answered all questions honestly and to be best of my ability.*

Pet Owner Name (print): \_\_\_\_\_

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