

Board and Train Application

Please note: In an emergency, I will take your pet to Grady Veterinary Hospital on Winton Road. Their phone is (513)931-8675.

Contact Information

| | |
|------------------|--|
| Name | |
| Street Address | |
| City ST ZIP Code | |
| Cell Phone | |
| Other Phone | |
| E-Mail Address | |

Drop off date and time (ballpark is ok "between 6pm and 8pm")

Pick up date and time

Pet(s) Information

| | | | |
|-----------------------------------|--|-----------------------------------|--|
| Name | | Name | |
| Age | | Age | |
| Gender | | Gender | |
| Breed | | Breed | |
| Fixed (Y/N) | | Fixed (Y/N) | |
| How long have you had this dog? | | How long have you had this dog? | |
| Up to date on vaccinations (Y/N)? | | Up to date on vaccinations (Y/N)? | |
| Vet Name | | Vet Phone | |

Pet(s) Background

| | |
|--|--|
| Time(s) and amount(s) your dog is fed. | |
| Does your dog take any medication Instructions: | |
| Is your dog crate trained or needs to be crated when left alone? | |
| What is your daily routine? (Walks, bedtime, etc.) | |
| Where does your dog sleep? | |

Especially if you will be difficult to reach:

Person to Notify in Case of Emergency

| | |
|------------------|--|
| Name | |
| Street Address | |
| City ST ZIP Code | |
| Cell Phone | |
| Other Phone | |
| E-Mail Address | |

Thank you for completing this form! I'd like to keep your dog(s) as comfortable as possible, and this knowledge will help me do that.

Please bring this form on your first day or email to cj@cjdogtrainer.com

Problem Behaviors

What problem behaviors would you like me to work on? **(Board and Train only)**

Most critical first.

1. _____
2. _____
3. _____

Other concerns:

4. _____
5. _____
6. _____