



Dog Enrollment Form

We are excited your fur baby will be joining us for fun on the farm! Please fill out the form below in it's entirety and email the completed form and veterinarian/vaccine records to us at (sugarmaplek9@gmail.com). **Your pup will not be able to stay overnight until these items are completed.**

Pet Parent Profile:

Pet Parent #1: _____ Cell: _____

Address: _____

Home Phone: _____ Email: _____

Employer: _____ Work Number: _____

Pet Parent #2: _____ Cell: _____

Address: _____

Home Phone: _____ Email: _____

Employer: _____ Work Number: _____

Emergency Contact (If owner(s) cannot be reached)

Name: _____ Cell: _____

Relation to Family: _____ Email: _____

Veterinarian

Veterinarian Name: _____ Hospital: _____

Phone: _____ City & State: _____

Pet Profile

Dog's Name: _____ Breed/Description: _____

Date of Birth: _____ Weight: _____ Sex: _____ Color: _____

Altered: Yes No Too young to be neutered/spayed

*All dogs over the age of 7 months old, or those exhibiting early onset adolescence, must be spayed/neutered.



How did find (adoption, rescue, breeder) your dog?

What is your pup's daily eating routine? What times? Special dietary needs?

Does your pup have any know allergies? _____

Behavior and Animal Interactions

(Please check all that apply to your pup)

Socialization

- Attends daycare regularly
- Visits dog parks
- Socializes well with other dogs
- Prefers human interaction over other dogs
- Has experience in group play environments
- Shows aggression toward other dogs
- Shows aggression toward humans
- Friendly with strangers

Home Behavior

- Crate trained
- House-trained
- Sleeps in a crate at night
- Sleeps on a bed/furniture
- Chews on furniture/shoes when unsupervised
- Barks excessively
- Escapes yards/fences
- Digs holes in yard

Special Notes

- Anxiety in new environments
- Separation anxiety
- Fearful of loud noises
- Fearful of specific triggers (e.g., vacuum, thunderstorms):

Leash & Outdoor Behavior

- Walks well on a leash
- Pulls on the leash
- Reactive to other dogs on walks
- Reactive to people on walks
- Enjoys long walks/hikes
- Can be off-leash in enclosed areas

Feeding and Treats

- Food aggressive with humans
- Food aggressive with other dogs
- Takes treats gently

Activity Levels

- High energy
- Moderate energy
- Low energy



Health History

Vaccination Status

- Rabies - Expiration Date: _____
- Distemper/Parvo (DHPP) - Expiration Date: _____
- Bordetella (Kennel Cough) - Expiration Date: _____
- Canine Influenza - Expiration Date: _____
- Leptospirosis - Expiration Date: _____

Preventative Care

- Flea/tick prevention administered regularly
- Heartworm prevention administered regularly
- Has been dewormed (Date: _____)

Health History

- Allergies (specify): _____
- Chronic conditions (e.g., arthritis, diabetes): _____
- Surgeries (list and date): _____
- Seizure history Yes No
- History of vomiting or diarrhea Yes No
- Recent illnesses (last 30 days): _____
- Currently on medications Yes No

- Medication Name(s): _____
- Dosage and Timing: _____

Behavioral Indicators of Pain/Stress

- Limping or restricted movement
- Excessive panting or drooling
- Whining or growling when touched
- Changes in eating or drinking habits
- Behavioral changes (e.g., sudden aggression, lethargy)

Physical Limitations

- Difficulty climbing stairs
- Difficulty jumping on/off furniture
- Requires assistance for mobility (e.g., harness, sling)