

2145 Andrea Lane
Fort Myers, Florida 33912

Tel: (239)362-0833
Fax: (239)362-0834
Email: Buster@bustershappytails.com

“A fun place for dogs”

www.bustershappytail.com

DAYCARE-BOARDING-TRAINING-GROOMING

New Client Form

Please help us build and maintain your pet’s profile at Busters Happy tails. This information will assist us to better understand your pet’s background, temperament, and needs.

Owner Information:

Date: _____

Owner’s Name (First & Last): _____

Additional Owner’s Name (First & Last): _____

Address: _____

City: _____ State: _____ Zip: _____

E-Mail (For reminders, coupons, etc.): _____

Home Phone: _____ Work phone: _____

Cell Phone: _____ Additional Cell Phone: _____

Emergency Contact(s):

These are to be *local* individuals who we will try to contact in the event of an emergency, if we cannot reach you. We will request they aid us in contacting you, come by to pick up your pet to take him/her to the vet OR will authorize us to seek medical treatment for your dog (Transportation fees apply). Please do not list your Veterinarian as an emergency contact.

Name (First & Last): _____ Phone Number: _____

Name (First & Last): _____ Phone Number: _____

How did you hear about us?

Advertisement Google Facebook Existing Customer Other: _____

Existing Customer Name: _____

2145 Andrea Lane
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Tel: (239)236-0833

Fax: (239)362-0834

Email:

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Buster@bustershappytails.com DAYCARE-BOARDING-TRAINING-GROOMING

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Pet's Profile:

Pet's Name: _____ Breed: _____ Birth Date: _____

Please include any additional names of who would be authorized to pick your student. We will not release your pet to anyone unlisted. Please include first and last names.

Name: _____ Name: _____

Name: _____ Name: _____

Gender: Male, Neutered Female, Spayed Male, Not Neutered Female, Not Spayed

Is your pet Micro-chipped: Yes or No Micro-Chip number: _____

Allowed to have treats: Yes or No

Help us better understand your pet's behaviors, please mark all that apply:

<input type="checkbox"/> Not house-Trained	<input type="checkbox"/> Small Dog Aggression	<input type="checkbox"/> Coprophagia (stool eater)
<input type="checkbox"/> Biter	<input type="checkbox"/> Large Dog Aggression	<input type="checkbox"/> Can Jump/Climb a Fence
<input type="checkbox"/> Excessive Barking	<input type="checkbox"/> Food Aggressive	<input type="checkbox"/> Digger
<input type="checkbox"/> Separation Anxiety	<input type="checkbox"/> Toy Possessive	<input type="checkbox"/> Destructive to furniture
<input type="checkbox"/> Doesn't like Other Dogs	<input type="checkbox"/> Afraid of loud noises (thunder)	<input type="checkbox"/> Destructive to objects

Any Allergies (Food, Seasonal, Etc.): _____

Any Medical conditions or ailments we should be aware of:

What Veterinarian does your Pet see? Dr. _____

Veterinarian Clinic Name: _____ City/State: _____

Has your dog been to daycare, the dog park, or been boarded before? Yes No

If yes ,Where? _____

Please include any additional information you find necessary for us to know about your pet:

** You may include a copy of vaccination records with this application. Required vaccinations are Rabies, Distemper(DHLP,DHPP, ETC.) and Bordetella (must be within the past 12 months). Please email the documents to Buster@bustershappytails.com or fax to (239)362-0834. We will contact you upon receipt to schedule the temperament test or appointment. Thank you!

