



DAYCARE – BOARDING – TRAINING – GROOMING

www.bustershappytail.com

Office 239-362-0833 Fax 239-362-0834

New Client Form

Owner Information

Date _____

Name _____

Address _____

City, ST, Zip _____

Home Phone _____ Cell Phone _____

Work Phone _____ Other Phone _____

Email _____

Emergency Contact

Name _____

Home Phone _____ Cell Phone _____

Work Phone _____ Other Phone _____

How did you hear about us: _____

If you would like to give consent to post pictures of your pet of Facebook and/or our website please sig here: _____

Veterinarian Information

Name _____ Clinic Name _____

Address _____

City, ST, ZIP _____

Phone Number _____

Check if current: Rabies _____ Bordetella _____ DHPP _____



Dog Information

Name _____
Breed _____
Color _____
Weight _____
Age _____
Birthday _____
Sex **M / F** Spay / Neuter
Flea / Tick Preventative _____
Food Brand _____
How Much: AM _____ Midday _____ PM _____
Housebroken **Y / N**
Temperament _____
Behavior Problems: Jumping _____ Chewing _____
Mouthing _____ Biting _____ Pulling _____ Other _____

Additional Information:

**Does your dog have any allergies/
intolerances? Y / N**

**Can we give your dog in house treats?
Y / N**

#2 Name _____
Breed _____
Color _____
Weight _____
Age _____
Birthday _____
Sex **M / F** Spay / Neuter
Flea / Tick Preventative _____
Food Brand _____
How Much: AM _____ Midday _____ PM _____
Housebroken **Y / N**
Temperament _____
Behavior Problems: Jumping _____ Chewing _____
Mouthing _____ Biting _____ Pulling _____ Other _____

Additional Information:

**Does your dog have any allergies/
intolerances? Y / N**

**Can we give your dog in house treats?
Y / N**



New Client Temperament Form

Please Circle **YES** or **NO** after the following questions for **DOGS ONLY**.

	Dog #1	Dog #2
Has this dog ever shown aggression towards adults or children? If so, explain _____	Y N	Y N
Has this dog ever bitten a person or animal & broken the skin? If so, explain _____	Y N	Y N
Has this dog ever left a bruise or mark on human?	Y N	Y N
Has this dog ever shown aggression towards large dogs?	Y N	Y N
Has this dog ever shown aggression towards small dogs?	Y N	Y N
Is this dog food possessive?	Y N	Y N
Is this dog toy possessive?	Y N	Y N
Does your dog have any know fears or other anxieties? If so, explain _____		
Does This dog exhibit signs of "separation anxiety?" If so, explain _____	Y N	Y N
Will your dog bark excessively (more than a few) if left alone?	Y N	Y N
Does your dog bark excessively at strangers?	Y N	Y N
Does your dog lunge and bark while on leash?	Y N	Y N
Is your dog on any medication for behavior issues?	Y N	Y N
Is this dog destructive to objects?	Y N	Y N
Is this dog destructive to furniture?	Y N	Y N
Is this dog shy?	Y N	Y N
Is this dog known for jumping fences? Height?	Y N	Y N
Does your dog have a habit of eating inappropriate items? If so, explain _____	Y N	Y N
Does your dog respond to basic "sit, down, stay & come"?	Y N	Y N
Has your dog participated in an obedience class? where? _____	Y N	Y N
Has/does your dog attend off leash parks?	Y N	Y N
Are there other dogs in your home?	Y N	Y N
Please indicate any issues that have arisen or anything else you feel we need to know about your dog in a pack setting or clarifications to the above answers: _____		

I certify that all of the above answers are true to the best of my knowledge with regards to the above named dog(s). Your signature: _____

Date: _____

Busters Happy Tails INC

2145 Andrea Lane

Fort Myers, FL 33912

Boarding Contract

Busters Happy Tails INC is a pet boarding and day care facility that provides care for your pets. This contract is stating that you agree to the following terms and conditions of our resort. All pets must have a meet and greet prior to boarding/Day care. Pets must have current Vaccinations for the following; Rabies, Bordetella, and Distemper Parvo. _____ Initials

Owner acknowledges and understands that every pet reacts differently and that animals, by nature are unpredictable. Dogs may, without warning, bite or cause injury to humans and/or other pets, fight, and transmit possible illness or disease. With owner's signature below, owner understands the risk involved in putting their pet in a cage-less environment/group play and acknowledges to, accept responsibility for any and all medical expenses caused by the owners pet resulting in injury Busters Happy Tails Inc. employees, managers, trainers, agents, contractors, animal owners, other animals under the care of Busters Happy Tails Inc. _____ Initials

If a pet is to be found with fleas and/or ticks the pet will be bathed at the owner's expense. The pet is not to be taken off the premises except by the consent of the owner. _____Initials

If the pet becomes seriously ill, Busters Happy Tails Inc. will notify the owner immediately in case no particular veterinarian has been designated. If the owner cannot be reached and the pet needs immediate Veterinary attention a staff member of Busters Happy Tails Inc. will take the pet to the nearest emergency veterinary clinic. If a pet requires any medication to be given we ask that the medication to be given is in its original prescription bottle with current/correct doses to be given, any modifications to medication must be authorized by your veterinarian. _____ Initials

Owner is aware that there is a special handling fee of \$10.00 for your pet if they are over the age of 6 months and unaltered the pet may or may not be integrated into group play at any given day based off of their behavior. _____ Initials

Busters boarding pick up is by 2pm; pick ups after 2pm will be charged for 1/2 day of Daycare.(\$15) _____Initials

Signature: _____ Date: _____