



Adventure | Tails

Dog's Information

Dog's name: _____

Sex (circle): Male Female Spayed/Neutered? Y / N

Birthday: _____

Breed: _____

Color: _____

Distinctive Markings: _____

Microchip Company and Number: _____

Tattoo Description and Location: _____

Town of Canmore licence #: _____

Out-of-town city and licence #: _____

Owner's Information

Owner's Name (1): _____

Owner's Name (2): _____

Full address: _____

Home # : _____ Cell #: _____ Work #: _____

Email: _____

Emergency Contact Name: _____

Emergency Contact Phone Number (1): _____

Emergency Contact Phone Number (2): _____

How would you like us to notify you when your dog has completed his/her Adventure?

() Email

() Text

Address: _____ Number: _____ No Thanks _____

Would you like to receive emails offering discounted Adventures when we have a last minute cancellation? Y / N

Medical Information

Date of last rabies vaccine: _____

Date of last parvo virus vaccine: _____

Date of last kennel cough vaccine: _____

Vet Clinic: _____

Phone #: _____

Vet's Name: _____

Clinic Address: _____

Known medical issues: _____

Has your dog ever had surgery (other than spay/neuter)?

Y / N

Please provide details : _____

Has your dog ever had a broken bone?

Y / N

When? _____

Please provide details : _____

Does your dog have arthritis?

Y / N

Specify location(s): _____

Please list any allergies or sensitivities (including allergies to medications):

Please list any medications your dog takes, including dosage and frequency:

In case of emergency, or suspected medical problem, please check one of the following:

() Please take my dog to the vet immediately. I understand that I will be responsible for paying any costs incurred.

() Please try to contact me prior to taking my dog to the vet. I understand that I will be responsible for paying any costs incurred.

() Please try to contact me, and then try to contact my emergency person prior to taking my dog to the vet. I understand that I will be responsible for paying any costs incurred.

Behaviour

Please check any of the following behaviours that you have witnessed in your dog:

- | | |
|--|---|
| <input type="checkbox"/> Leash aggression | <input type="checkbox"/> Play that escalates to aggression |
| <input type="checkbox"/> Dog aggression | <input type="checkbox"/> Dominance behaviours |
| <input type="checkbox"/> Food aggression | <input type="checkbox"/> Excessive barking |
| <input type="checkbox"/> Biting/nipping people | <input type="checkbox"/> Aggression towards intact male dogs |
| <input type="checkbox"/> Rough play | <input type="checkbox"/> Possessive/protective towards toys/people/other dogs |

Does your dog have a high prey drive?

Y / N

If yes, with which animals?

- | | |
|---|---|
| <input type="checkbox"/> Small dogs | <input type="checkbox"/> Coyotes |
| <input type="checkbox"/> Cats | <input type="checkbox"/> Bears |
| <input type="checkbox"/> Squirrels | <input type="checkbox"/> Cars |
| <input type="checkbox"/> Birds | <input type="checkbox"/> Bicycles |
| <input type="checkbox"/> Rabbits | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Deer/Elk/Moose | <input type="checkbox"/> Anything that moves/runs |

Please indicate your dog's response to any of the above:

- ☐ No response / Ignores the animal(s)
- ☐ Barks at the animal(s)
- ☐ Runs towards the animal(s), but then backs off
- ☐ Runs away from the animal(s)
- ☐ Chases the animal(s) with playful intent
- ☐ Chases the animal(s) with aggressive intent

Is your dog sensitive to being touched/examined in any of the following areas?

- | | |
|--------------------------------|--|
| <input type="checkbox"/> Eyes | <input type="checkbox"/> Feet |
| <input type="checkbox"/> Ears | <input type="checkbox"/> Other (please specify): |
| <input type="checkbox"/> Mouth | _____ |

Does your dog have any anxieties/fears/phobias?

Y / N

If yes, what is the trigger and how do you deal with your dog's response?

Please list any behaviour issues you feel we should be aware of:

Obedience / Training

Has your dog participated in any obedience training/classes?

Y / N

If yes, please provide details: _____

What, if any, is the main training problem you would like to work on with your dog?

Please list the command(s) that your dog knows for any/all of the following actions:

Come

Sit

Stay

Lay Down

Heel

Drop it

Leave it

Release word

On a scale of 1-5, please rate your dog's level of recall (circle one):

1

Not Reliable

2

3

50% Reliable

4

5

100% Reliable

To ensure consistency with your training, please list any rules your dog must obey while in our care:

Does your dog go in a crate after his/her Adventure?

Y / N

If yes, please list any treats/kongs/toys we should give your dog when he/she goes into the crate:

Food / Treats

What brand of food does your dog eat?

Amount and frequency:

Please list any additives, supplements or additional foods your dog eats with his/her meals:

Is your dog allowed treats?

Y / N

If yes, please check one:

() Any treats

() Specific brand(s) :

