Nor Cal Pet Services Inc.
New Customer Packet

Pet Information

Pet 1:_____ Breed/ DOB / Weight: _____
Sex: M☐ F☐ Spayed☐ Neutered☐ Color:_____

Pet 2:_____ Breed/ DOB / Weight: _____
Sex: M☐ F☐ Spayed☐ Neutered☐ Color: _____

Pet 3:_____ Breed/ DOB / Weight: _____
Sex: M☐ F☐ Spayed☐ Neutered☐ Color: _____

Pet 4:_____ Breed/ DOB / Weight: _____
Sex: M☐ F☐ Spayed☐ Neutered☐ Color: _____

Pet Parent Information

Owner's Name:_____
Phone Number:_____
Secondary Owner's Name:_____
Phone Number:_____
Address:_____
City, State, Zip:_____
Email:_____

Veterinary Clinic:

Name:_____ Phone Number:_____

Emergency Contacts: Please provide **at least two (2) emergency contacts** who are **not yourself, your spouse/partner, or anyone traveling with you.** These individuals may be contacted if we are unable to reach you and may be authorized to make decisions on your behalf based on the permissions you select below.

Emergency Contact #1

Name: _____

Relationship: _____

Cell Phone: _____

Alternate Phone (Optional): _____

Authorization (Check all that apply):

☐ Emergency Contact Only (May be contacted if we cannot reach you.)
☐ Medical Decision Authorization (May authorize veterinary treatment if you cannot be reached.)
☐ Pick-Up Authorization (May pick up my pet from NorCal Pet Services.)

Emergency Contact #2

Name: _____

Relationship: _____

Cell Phone: _____

Alternate Phone (Optional): _____

Authorization (Check all that apply):

☐ Emergency Contact Only (May be contacted if we cannot reach you.)
☐ Medical Decision Authorization (May authorize veterinary treatment if you cannot be reached.)
☐ Pick-Up Authorization (May pick up my pet from NorCal Pet Services.)

Owner Acknowledgment

I understand that the emergency contacts listed above may only be contacted if NorCal Pet Services is unable to reach me. I authorize NorCal Pet Services to communicate with the contacts I have designated according to the permissions I selected above.

Owner Signature: _____ **Date:** _____

Pet Assessment

Pet #1Name:_____ **Pet #2 Name:_____**

Pet History:

From where did you obtain this pet?
_____Breeder ____ Shelter/Rescue
Other:_____

How does your pet typically react to strangers?
In your home:

_____
Outside your home (walks, public places, etc.):

_____

What is the pet's behavior when meeting a stranger
(in their home and outside the home)

_____

How does the pet behave, interact, or play with a person?_____

What types of play does your dog enjoy the most?

_____

Handling Sensitivities:
Is your pet sensitive to being touched in certain areas (ears, paws, tail, etc.)?____Yes____ No
If yes: please describe: _____

Are there any specific behaviors or requirements we need to be aware of? (i.e., eats from a raised feeder, must use a harness)
____Yes____No ☐ Please List:_____

Does your dog have any current medical conditions? Please describe:

_____
_____
_____

Prior dog daycare/boarding history (if applicable):
___No prior dog daycare/boarding
___Daycare/Boarding at another local daycare facility
___Daycare/Boarding at a facility outside of the area

Name & city of prior daycare facility (if applicable):

_____

Why did your dog stop attending daycare/boarding (if applicable)? _____

Pet History:

From where did you obtain this pet?
_____Breeder ____ Shelter/Rescue
Other:_____

How does your pet typically react to strangers?
In your home:

_____
Outside your home (walks, public places, etc.):

_____

What is the pet's behavior when meeting a stranger
(in their home and outside the home)

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How does the pet behave, interact, or play with a person?_____

What types of play does your dog enjoy the most?

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Is your pet sensitive to being touched in certain areas (ears, paws, tail, etc.)?____Yes____ No
If yes: please describe: _____

Are there any specific behaviors or requirements we need to be aware of? (i.e., eats from a raised feeder, must use a harness)
____Yes____No ☐ Please List:_____

Does your dog have any current medical conditions? Please describe:

_____
_____
_____

Prior dog daycare/boarding history (if applicable):
___No prior dog daycare/boarding
___Daycare/Boarding at another local daycare facility
___Daycare/Boarding at a facility outside of the area

Name & city of prior daycare facility (if applicable):

_____

Why did your dog stop attending daycare/boarding (if applicable)? _____

Has your dog ever bitten any PERSON under any circumstances? ____Yes _____No
If yes: How many bites have not broken skin?
_____
_____

What happened that led up to the bite?_____
_____
_____

Has this dog ever bitten another DOG?___Yes ____No
If yes: Please describe the most severe injury that has resulted:_____
_____
_____
_____

What happened that led up to the bite?_____
_____
_____

Does your pet protect their food or toys? ____Yes_____ No
If **yes**, who do they protect from?
_____ Humans _____Other Dogs _____Both

Does your pet chew?
(Blankets, beds, water dishes) _____Yes ____ No

Does your pet cause property damage?
_____Yes _____ No Please Explain _____

Has your dog ever bitten any PERSON under any circumstances? ____Yes _____No
If yes: How many bites have not broken skin?
_____
_____

What happened that led up to the bite?_____
_____
_____

Has this dog ever bitten another DOG?___Yes ____No
If yes: Please describe the most severe injury that has resulted:_____
_____
_____
_____

What happened that led up to the bite?_____
_____
_____

Does your pet protect their food or toys? ____Yes_____ No
If **yes**, who do they protect from?
_____ Humans _____Other Dogs _____Both

Does your pet chew?
(Blankets, beds, water dishes) _____Yes ____ No

Does your pet cause property damage?
_____Yes _____ No Please Explain _____

If your dog has had any basic obedience training, or there are commands frequently used with your dog, please check the commands your dog knows:

_____ Sit_____ Down _____ Wait_____ Stay _____ Come _____ Off_____ Enough
_____ Outside _____Inside _____ Go potty _____ Settle _____ Back _____ Leave it

Please list any other commands or hand singles you would like us to use while your dog is here

_____
_____
_____
_____
_____

TD Behavior Check Off

#1Pet's Name :_____ Owners Last Name:_____

#2Pet's Name:_____

Please circle all that describe your Pet(s):

- Playful Yes No
- Barks Excessively Yes No
- Dog Aggressive Yes No
- Human Aggressive Yes No
- Jumps on people Yes No
- Stool eater Yes No
- Has your dog ever tried to escape a yard, crate, or building? Yes No
- Separation Anxiety Yes No
- Hyper Yes No
- Relaxed Yes No
- Dominant Yes No
- Fearful / Timid Yes No
- OK with Harness Yes No
- Collar Sensitive Yes No
- Afraid of storms Yes No
- Growls or snaps at strangers Yes No
- Afraid of other dogs Yes No
- Treats ok (milk bones) Yes No
- Allergies (if yes, please specify) Yes No
- **When given toys, treats, or food, does your dog guard or protect them from:**
- ☐ Other dogs ☐ Humans ☐ Both ☐ Not observed
- **Destructive (if yes, circle below which one applies)** Yes No
  ☐Bedding ☐Toys ☐Furniture ☐Walls/Doors ☐Other:_____
- **What motivates your dog the most?** Yes No
  ☐Food ☐Toys ☐Praise / Attention ☐ Other: _____
- **Is your dog sensitive to touch in certain areas (ears, paws, tail)?** Yes No

Multi-Dog Household (If applicable)

- Can your dogs eat together without conflict? Yes No
- Can your dogs play together safely? Yes No
- Have your dogs ever shown aggression toward each other? Yes No
- Do your dogs need to be separated for meals or rest time? Yes No

Additional specific information/warnings/recommendations:

_____

_____

_____

_____

Medication form

Pet #1_____ Pet #2_____

1. Medication Name:

_____

Ointment _____Oral _____Drops_____Spray_____

For what condition/ailment is the pet being treated?

_____

Is this medication to be administered regularly or on an "as needed" basis?

Regularly Scheduled

AM _____ Amount:_____

Noon _____ Amount:_____

PM_____ Amount:_____

As Needed If you selected "As Needed," specify the maximum daily dosage/frequency:

_____

_____

_____

Is there any special way that you give your pet medication? Explain._____

_____

2. Medication Name:

_____

Ointment _____Oral _____Drops_____Spray_____

For what condition/ailment is the pet being treated?

_____

Is this medication to be administered regularly or on an "as needed" basis?

Regularly Scheduled

AM _____ Amount:_____

Noon _____ Amount:_____

PM_____ Amount:_____

As Needed If you selected "As Needed," specify the maximum daily dosage/frequency:

_____

_____

_____

Is there any special way that you give your pet medication? Explain._____

_____

1. Medication Name:

_____

Ointment _____Oral _____Drops_____Spray_____

For what condition/ailment is the pet being treated?

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_____

_____

_____

Is there any special way that you give your pet medication? Explain._____

_____

2. Medication Name:

_____

Ointment _____Oral _____Drops_____Spray_____

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Noon _____ Amount:_____

PM_____ Amount:_____

As Needed If you selected "As Needed," specify the maximum daily dosage/frequency:

_____

_____

_____

Is there any special way that you give your pet medication? Explain._____

_____

Nor Cal Pet Services Inc.

HOW DID YOU HEAR ABOUT US?

YELP	FACEBOOK	EVENT	VET
GOOGLE	FAMILY/FRIENDS	OTHER _____	

WERE YOU REFERRED BY A FAMILY OR FRIEND?

If so, please provide their full name below, and we will apply 10% off their next visit

_____

----- Refer a Family/Friend -----

Refer a family or friend, and you will also receive
10% off your next visit!

Thank you for choosing Nor Cal Pet Services!