

Really Special Animals Dog Training Academy

**REALLY SPECIAL ANIMALS LLC.**

**PET CARE AGREEMENT**

How Did You Hear About Us? \_\_\_\_\_

Owner #1 Name: \_\_\_\_\_

Email: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Home phone: \_\_\_\_\_

Cell phone: \_\_\_\_\_

Owner #2 Name: \_\_\_\_\_

Email: \_\_\_\_\_

Address (if different from above): \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Home phone: \_\_\_\_\_

Cell phone: \_\_\_\_\_

**EMERGENCY CONTACT INFORMATION**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Relationship: \_\_\_\_\_

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We will ONLY release your dog to the following individuals:

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Anyone not listed must verify by stating your security word listed here: \_\_\_\_\_

Dog's Name: \_\_\_\_\_

Breed: \_\_\_\_\_

Spayed/Neutered: Y/N Sex: M/F Weight: \_\_\_\_\_

Color: \_\_\_\_\_ DOB: \_\_\_\_\_

VETERINARY INFORMATION

Veterinarian's Name/Clinic: \_\_\_\_\_

Phone: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

PHYSICAL AND MEDICAL CONDITIONS

Past injuries, sensitivities, and/or surgeries:

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Allergies: \_\_\_\_\_

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Medications: \_\_\_\_\_

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FEEDING INSTRUCTIONS AND DIRECTIONS (for boarding and/or emergency purposes, please fill out)

Brand of food: \_\_\_\_\_

Amount: \_\_\_\_\_

Frequency: \_\_\_\_\_

Supplements/vitamins: \_\_\_\_\_

Medications: \_\_\_\_\_

Any additional comments or instructions:

\_\_\_\_\_  
\_\_\_\_\_

Has your dog been ill in the last 30 days? Y/N

If yes, please explain:

\_\_\_\_\_  
\_\_\_\_\_

Is your dog displaying any unusual symptoms such as coughing, sneezing, upset stomach, eye or nose discharge, loose stool, diarrhea or vomiting? Y/N

If yes, please explain:

\_\_\_\_\_  
\_\_\_\_\_

Are you able to easily and freely take food, water, high value bones and/or toys away from your dog without growling or snapping? Y/N

If no, please explain:

\_\_\_\_\_  
\_\_\_\_\_

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Has your dog ever attempted to snap at any person for any reason? Y/N

If yes, please explain:

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Has your dog ever successfully bruised or broken skin on any person for any reason? Y?  
N

If yes, please explain:

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Has your dog ever been involved in a negative altercation with another dog? Y/N

If yes, please explain:

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Has your dog ever caused or received any type of Veterinary medical attention due to such an altercation? Y/N

If yes, please explain:

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**No Shots, No Docs, No Service! Really Special Animals LLC. will not board, train or provide Day School for your dog without updated vaccination documentation. So please provide vaccination documentation or Titer results.**

In addition, please list the current expiration dates for the following vaccinations:

Rabies: \_\_\_\_\_ DHLPP: \_\_\_\_\_

Bordetella: \_\_\_\_\_

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OTHER INFORMATION

Where did you get your dog and at what age?

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Tell us something funny or memorable about your dog:

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What groomer do you use?

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Any unique or identifying marks on your dog's body?

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