

Wiggly Tails, Inc.

- A Waggin' Good Time!

1915 Holste Road, Northbrook, IL 60062

Phone: 847.272.4141

www.wigglytails.com mail@wigglytails.com



Application

Customer Info

Name: _____

Address: _____ City: _____ Zip: _____

Cell Phone #1: _____ Name: _____

Cell Phone #2: _____ Name: _____

Email Address: _____ (for our newsletter & report cards!)

How did you hear about us? If referred, tell us who: _____

Emergency Contacts:

Name: _____ Phone: _____ Relation: _____

Name: _____ Phone: _____ Relation: _____

Pet Info

Dog #1: _____ Birthdate: _____ Weight: _____ Breed: _____

Color(s): _____ Sex: Male / Female Neutered/Spayed: Yes / No (required by 9 mo.)

Dog #2: _____ Birthdate: _____ Weight: _____ Breed: _____

Color(s): _____ Sex: Male / Female Neutered/Spayed: Yes / No (required by 9 mo.)

Vet Info

Name: _____ Phone: _____

Vaccinations

Your dog must be current with these vaccinations and written confirmation from your vet is needed prior to admittance. For your convenience, have your vet email us a copy of your dog's health record. ****Please fill in date of last vaccination.**

1) Rabies _____ 2) DHLPP _____

3) Bordetella _____ 4) Fecal Test (every 6 mo.) _____

****In addition we require your dog to be on both Parasite Medication (internal worms, flea/tick control)****

Parasite Medication used: _____

Additional Information

Are there any physical restrictions that need to be placed on your dog?

Does your dog have any medical conditions we should know about?

Has your dog shown aggression or bit another dog/person?

Does your dog have any allergies?

Does your dog take medication? If so, what and why?

Does your dog have anxiety being kenneled?

Does your dog have anxiety being with a group of dogs?

Any other comments or things we should know about your dog?
