



# New Client Intake Form

Today's Date \_\_\_\_\_ Dog Name(s) \_\_\_\_\_

## Pet Parent #1 Information:

First Name:	Last Name:
Cell Phone #:	Home Phone #:
Address:	Email:

## Pet Parent #2 Information:

First Name:	Last Name:
Cell Phone #:	Home Phone #:
Address:	Email:

**Emergency Contacts:** Please provide Name, Phone Number, and relationship to you, any person(s) you wish us to contact when the primary owners cannot be reached:

Name:	Phone #:	Relation:
Name:	Phone #	Relation:

**People Authorized to Pick Up Your Pups:** Please provide Name, Phone Number, and relationship to you, of those allowed to pick up your dog from Toby Town RVA:

Name:	Phone #:	Relation:
Name:	Phone #:	Relation:



## New Dog Intake Form

We are eager to welcome your dog into our family. No one knows your pet better than you, so help us know him/her, too. The more we know, the better care we can give, so be as detailed as possible. Fill out a New Dog Intake Form for each furry member of your family who will be joining us at Toby Town RVA.

<b>Dog's Name:</b>	<b>Dog's Breed (Best Guess):</b>
<b>Colorings/Markings and Approximate Weight:</b>	<b>D.O.B. or Gotcha Day:</b>
<b>Gender of Your Pup:</b>  Male      Female	<b>Is Your Pup Spayed or Neutered?</b>  Yes      No

**Provide Names and Ages of other Pets in the household and how your dog gets along with them:**

**Veterinarian Information:** Please provide Name, Address, Phone Number and Email Address for the Veterinary Service that takes care of your pet(s)

<b>Name:</b>	<b>Address:</b>
<b>Phone Number:</b>	<b>E-mail:</b>

1. Does your dog have any allergies?  Yes  No

If Yes, please explain:

2. Please describe your dog's flea/tick prevention program:

3. Describe what medication your dog takes for heartworm prevention:

4. Can your dog have treats?  Yes  No

If there are any restrictions on types of treats, please advise:

5. Where did you get your dog?

Newspaper Ad  Breeder  Pet Store

Animal Shelter  Animal Rescue Group  Friend

Found as Stray  Other \_\_\_\_\_

If "Other", please explain:

6. What knowledge do you have of your dog's past history?

7. Does your dog sleep in or utilize a crate?            Y            N

8. Does your dog have any bathroom-related issues or concerns?

9. Explain what type of bathing/grooming your dog is used to:

10. How does your dog react to getting nails clipped?

11. Explain any sensitive issues your dog has on his/her body:

12. Is your dog frightened by thunderstorms?            Y            N

13. Is your dog frightened by fireworks?            Y            N

14. Which of these below best describes your dog's activity level:

Couch Potato: Spends days sleeping, occasional walks or play

Mild Exerciser: Short daily walks and or regular playtimes

Moderate Exerciser: Long or multiple walks daily, weekend activity

Athlete: Regular jogs/runs, participates in sporting activities

15. If you plan for your dog to participate in a Play Group at Toby Town, what are your goals? (check any that apply)

Play with Other dogs

Not home alone

Exercise

Socialization

Exhibits separation anxiety

Recommended by Trainer. Reason: \_\_\_\_\_

Other: \_\_\_\_\_

16. Describe your dog's history of socialization with others so far:

17. How does your dog respond/react with Children?

18. How does your dog respond/react to other dogs?

19. How does your dog respond/react to strangers?

20. How does your dog respond/react to puppies?

21. How does your dog react to another dog approaching him or her in the park or outside setting?

A. On Leash:

B. Off Leash:

22. Has your dog had any problems previously in an off-leash setting?

No       Yes (check all that apply)

Altercation or fight at a public dog park

Altercation or fight with a neighborhood or friend's dog

Fearful reaction in play groups

Dismissed from a prior dog daycare or play program

Describe or explain any incidents:

23. Does your dog respond better to a particular gender with other dogs? (e.g. Prefers males, females)

24. Has your dog ever shared his/her food or toys with other animals?

Yes  No

Please describe what happens:

25. Which commands does your dog know? (check all that apply)

Sit  Stay  Down  Come  Heel  Rollover  Kisses  High Five  
 Leave it  Wait  Other:

26. Has your dog had any obedience training? Please describe, even if it was in the home with you:

27. How does your dog show he/she is upset?

28. Does your dog have problems with any of the following?

Mouthing  Barking  Housetraining  Digging  Jumping  
 Ignoring Commands  Humping

29. Has your dog ever gotten away on a walk?  Yes  No

If yes, please explain:

30. Has your dog ever bitten a person or been violent with another dog?

Yes  No

If yes, explain the circumstances and the extent of injury:

31. Has your dog ever jumped a fence?  Yes  No

32. Has your Dog ever escaped from your yard?  Yes  No

33. Would you consider your dog an Escape Artist?  Yes  No

If yes, explain:

34. If there is anything else we should know about your pet that isn't included in our questions, please take the time to tell us here: (Use the back, in necessary)

Thank you for the time you spent completing this form. We look forward to our Meet and Greet Assessment with your pet!





## Medical Waiver

This is a required form for all Toby Town RVA Guests

The safety and well-being of your pet(s) is of the highest importance at Toby Town RVA. Ensuring that your pet remains safe and well cared for is our first responsibility and as such we take it very seriously. We do our best to have our pet parents screen for pre-existing health conditions, but some factors may be beyond our control. In the event that a medical emergency arises while a pet is at our facility or participating in a service we provide, it is imperative that we are immediately able to get them medical treatment at the closest available facility. We will call ahead to the veterinary office or animal hospital within the closest proximity to our location to insure they are able to handle the emergency. Your pet will then be transported by one of our staff members to the closest available facility that can handle the emergency. You will be notified as soon as possible. Our goal is to get your pet medical attention as quickly as possible whether we are able to reach you or not.

For these reasons, you are asked to sign this Medical Waiver:

I authorize that in the event of a what the Toby Town RVA staff, in their sole discretion, deems a medical emergency, my pet will be transported to the nearest available veterinary office or hospital that can handle the emergency to seek medical attention. I further agree that I am financially responsible for any medical treatment my pet(s) receives as a result of this medical emergency.

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Owner Printed Name

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Date

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Owner Signature



# Pet Care Agreement

This is a required form for all Toby Town RVA Guests

1. I understand that Toby Town RVA has relied upon my representation that my dog is in good health. I state that my dog has not exhibited any signs of communicable disease within the last 30 days.
2. I state that I have been truthful when filling out the required forms for Toby Town RVA. I understand the staff is relying on my truthful representation of my dog’s health and behavior history.
3. I state that my pet(s) has not shown aggression or demonstrated threatening behavior to another person unless disclosed on my forms.
4. I understand there are risks and benefits associated with group play and the socialization of dogs. I agree the benefits outweigh the risks and I accept those risks.
5. I understand Toby Town RVA will provide reasonable care and precautions and therefore I release the owners, partners, staff, and volunteers of Toby Town RVA from any liability, financially or otherwise, for injuries to my pet.
6. I understand and agree that any problems with my dog, behavioral, medical or otherwise will be treated as deemed best by the staff of Toby Town RVA who will use their best discretion, and also keep me informed as promptly as possible.
7. I assume full liability for any expense involved that pertains to the health or behavior of my pet, or any injuries or damages my pet may cause.
8. I understand that while the socialization, lodging, and play of my pet will be closely monitored by the staff of Toby Town RVA to prevent injury, it is still possible that during the course of normal activities my dog may receive minor nicks and scratches. Those injuries will be treated as deemed best by the staff of Toby Town RVA and I assume financial responsibility for any expenses involved. Any such injuries will be pointed out by the staff at pick-up whenever possible.
9. I am aware and accept that during the course of my pet’s time at Toby Town RVA, photographs may be taken that may be used on the Toby Town RVA website, social media, or promotional materials.
10. I agree to abide by the Rules of Toby Town RVA and assume all financial costs associated with the services received at this facility.
11. I am aware that if I abandon my pet at Toby Town RVA, they will proceed according to the Virginia State Abandoned Animal Statute.

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Owner Printed Name

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Date

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Owner Signature