## Crazy Bone Pet Spa

## New Client/ New Pet Questionnaire

Date:	
Owner's Name:	
	·
	Zip:
Phone: (H)	(W)(C)
Email Address:	Pic on FB? Yes? No?
Emergency Contact Name & Numbe	er:
Pet's Name:	·
Breed:	Color:
Sex: Neutered Male Intact Male	e Spayed Female Intact Female
Veterinarian Name & Clinic:	
How long have you had your pet?	
From where did you obtain your pet?	?
ls/Was your pet CRATE TRAINED?	ls your pet HOUSETRAINED
How many hours is your pet accusto	med to spending in a crate on a daily basis?
Does your pet have any food allergie	es? If so, please list:
Do you have an objections to us givi	ng your pet treats?
ls your dog on any medications or do of? Please list and explain:	oes she/he have any medical problems we should be informed
Does your pet suffer from any chroni	ic illnesses (seizures, stress diarrhea, etc.)?

## Please answer the following questions as thoroughly as possible:

Does your pet guard objects or food from people? If yes, please explain:
Has your pet ever growled at a person? If yes, please explain:
Has your pet ever snapped at a person? If yes, please explain:
Has your pet ever bitten a person? If yes, please explain:
Is your pet afraid of thunderstorms? If yes, does she/he have medication for this purpose (type & dosage)?
Has your pet ever jumped or climbed a fence? If yes, please list type & height of fence:
Does your pet have any behavioral problems that we should be informed of? (for example, doesn't like small dogs, men, women, children, strangers, other dog; doesn't like collar or a specific part of body touched, etc.):
Were you referred? If so, by whom?
Thank you so much for your time! Crazy Bone Pet Spa's goal is to provide a fun and safe environment for your pet/pets!