

Boutique Cage Free Boarding and Daycare

NEW CLIENT ORIENTATION INFORMATION

Thank you for your interest in Sitting Pretty Pet Care! Your first step to become part of our pack is to schedule an orientation called a canine Meet & Greet. We only take a limited amount of new clients each week at set times. Please plan accordingly so that we may be able to meet all your needs.

Once you have scheduled your Meet & Greet appointment, we ask that you come in with your paperwork filled out completely, a copy of your dog's current vaccination records, and your pup on leash.

Here's what you can expect from your Meet & Greet appointment: You will arrive at our red gate and a staff member will meet you, then invite you inside. After that, a handler will unleash your dog(s) and take them into our play yard. Your dog will be given time to run around alone, and hopefully they will feel comfortable enough to go potty. Once we feel that your dog is comfortable, we will begin our orientation and introduce your dog(s) to one smaller dog and one larger dog. There will be a small group of dogs already here at Sitting Pretty, and you will be able to see them and they may bark. For your safety, your time here will be restricted to our play yard. We assure you, you will get a good feel for how things are run here and how much your dog will enjoy their stay.

It is at this time we will go over our policies, procedures, and answer any questions. This process takes approximately 30 to 45 minutes. We will review your paperwork and vaccinations to make sure it is all in order.

Once you have completed your Meet & Greet, our staff will make an overall recommendation for you on how to proceed with our services. This will be based on your dog's behavior and comfort level, in conjunction with your needs for our facility. If your dog seems nervous or anxious, we may recommend more daycare, half days of daycare, or daycare on weekends only depending on your needs.

Please call Sitting Pretty to set up an appointment: 310-937-6369

My Scheduled Orientation is (date): ______ at (time): _____

Completed Paperwork

I need to bring the following: Proof of Rabies & Distemper/Parvo Vaccination

Proof of Bordetella vaccination done in the past 6 months

My dog(s) on a leash



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OWNER INFORMATION

Name of Owner(s):						
Current address:						
City:		State:		ZIP Code:		
Driver's License #:	St	State:		Expiration:		
Current employer:						
Phone:	E-	E-mail:				
Home Phone:	Cell:		E-mail:			
Home Phone:	Cell:		E-mail:			
Spouse/Alternative Owner Information						
Name:						
Cell Phone:	Work Phone:		E-mail:			

EMERGENCY CONTACT

As your dog care provider, our goal is to take excellent care of your dog and provide peace of mind to you, the owner. Some parents prefer to have a worry free vacation and not be bothered, while others would like to be called for any reason. While your dog is overnight boarding with us, please indicate which best describes you:

Always call me $\mathbf{1}^{\text{st}}$, no matter how minor the issue. I do not mind having my holiday disturbed.

Please call my Emergency contact $\mathbf{1}^{\text{st}}$, I prefer not to be bothered unless it's a true emergency.

* You will be asked to provide an emergency contact number each time your dog boards with us. Please make sure you let that person know.

Name of a relative not residing with you:			
Address:		Phone:	
City:	State:	ZIP Code:	
Relationship:			



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PET INFORMATION

Pet Name/Nickname:				
Where did you aquire your pet?:				
Breed: Age:			Birthday:	
Sex:		Spayed/Neut	tered?:	Owned how long?:
Coloring/Markings:				
Has your pet(s) had any previous or				
Medications and/or Supplements: Reason		Reason for tak	ing meds:	
	-			
	-			
	-			
Door your dog suffer from /or boye		victory of any	of the fall	owing.
Does your dog suffer from/or have a Health Alerts: Check all those tha			or the foll	owing:
nealth Alerts: Check all those tha	ιc	abbia		
Diabetes			Luxating Patella	
Neurological and/or Spina	Neurological and/or Spinal Issues		Blind	
Seizures/ Epileptic		Deaf		
Heart Disease	Heart Disease		Skin Allergies	
Collapsed Trachea		Pro	Prone to ear infections	
Heart Condition		Pro	Prone to hotspots	
Thyroid Disorder		Ser	Senior	
Arthritic		An	Anxiety	
Laryngeal Paralysis		Colitis/Diarrhea		
Medical Issues, Surgery (Other than spay/neuter):				
Hip Dysplasia and/or joint concern?				



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If yes, what limitations need to be placed on your dog's activities/movements?				
Current flea product:		d:		
Vomiting	Diarrhea	Coughing		
Pepcid	Benadryl	Ascription		
	For h	ow long?:		
	Phone:			
E-mail:	Fax:			
State:	ZIP C	Code:		
If unable to reach your Veterinarian, does Sitting Pretty have permission to use its Veterinarian or Emergency Clinic of choice? ð YES ð NO				
y other health issu	es we should kno	ow about?		
	Vomiting Pepcid E-mail: State: narian, does Sitti arian or Emergence	Date last applie Vomiting Diarrhea Pepcid Benadryl For h Phone E-mail: Fax: State: ZIP Conarian, does Sitting Pretty arian or Emergency Clinic of		



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FEEDING

			Do you serv	ve wet/semi-soft?	
Brand of food use	d:		Yes _		
			No		
How much:					
What time do you	feed AM?	What time do ye	ou feed PM?	Mid-day?	
Food Allergies:					
Are treats allowed	! ?				
Can we give your dog treats to help them assimilate at the Daycare?			Yes		
				No	
Wet foo	t eating, is it okay	to add the follow	Cheese	their meal:	
vvet 100	u		Cheese		
Canned	chicken		Cottage chee	se	
Chicken	broth		Pumpkin		
Rice			Fiber		
Treats*	Treats*		Green beans		
*There may be	a fee added if we	need to purchase	these items.		
Additional con	nments/are there a	any other dietary	habits we sho	ould know about?	
	-, , , , , , , , , , , , , , , , , , , 			 	
	-, , , , , , , , , , , , , , , , , , , 	 			
					
		 	 		



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BEHAVIOR

	Please mark yes or no for the following:	YES	NO
1	Has your dog ever bitten or gone after a small animal/dog/puppy?		
2	Has your dog ever been in a fight?		
3	Does your dog react aggressively to certain breeds of dogs?		
4	Has your dog ever bitten a person?		
5	Any aggression with people and/or dogs?		
6	Does your dog likes to play with other dogs?		
7	Does your dog have any sensitive areas on his/her body?		
8	Is your dog sensitive to being handled by their collar?		
9	Does your dog have any problems sharing toys and/or food?		
10	Can your dog jump or climb fences?		
11	Does anything/anyone automatically trigger fear in your dog?		
12	Is your dog frightened by any loud noises?		
13	Does your dog bark often at home?		
14	Have you ever had complaints about your dog barking?		
15	Is your dog an excessive barker?		
16	Does your dog growl often or make noises that sound like a growl?		
17	Any type of people or dogs that instantly trigger fear/aggression?		
18	Have you used a shock or vibration collar for training?		
19	Is your dog toy aggressive?		
20	Is your dog a digger?		
21	Is your dog a chewer?		
22	Does your dog need some work with housebreaking?		
23	Is your dog is allowed on furniture?		
24	Does your dog sleep in your bed?		
25	Is your dog crate trained?		
26	Should your dog be kept away from anything in particular?		
27	Do you take your dog to the dog park/beach?		



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Has your dog ever been to boarding/kenneled before?	When & Where?
Has your dog ever been to daycare before?	When & Where?
How often and/or where is your dog socialized (parks, walk	s, etc.)?
Are you having any behavior challenges with your dog?	
Has your dog had any formal training (classes, dog trainer,	etc.)?
How does your dog get along with other dogs, both male & not well	female?:
ok, but prefers people	
loves to play	
they are humpers	
never has an opportunity to play with other dogs	
Additional comments/are there any other personality traits Where are dog(s) currently sleeping?	we should know about?