

# LITTLE VILLAGE VACATION RESORT FOR DOGS DOG QUESTIONNAIRE

Please answer the questionnaire honestly. It will enable Little Village to better care for and protect your dog and other dog guests.

## ABOUT YOU

|                  |  |             |
|------------------|--|-------------|
| NAME             |  |             |
| ADDRESS          |  | Postal Code |
| EMAIL            |  |             |
| PHONE (day time) |  |             |
| PHONE (evenings) |  |             |

## ABOUT YOUR DOG

**If you are registering more than one dog with us please submit a separate questionnaire for each dog.**

|  |  |  |
|--|--|--|
| NAME   |  |  |
| BREED  |  |  |
| AGE  |  |  |
| SEX  | <b>Neutered/Spayed :    Yes            No</b>  |  |
| ILLNESSES/HEALTH CONSTRAINTS                         |  |  |
| MEDICATION   |  | <b>How often?                      Per day</b> |
| TICK/FLEA CONTROL PRODUCT USED                       |  | <b>When last used?</b>                         |
| IS YOUR DOG AFRAID OF ANYTHING?                      | e.g. thunder, other dogs. Please be as specific as possible                                |  |
| DOES YOUR DOG DISLIKE ANYTHING?                      | e.g. cats, other dogs. Please be as specific as possible                                   |  |
| IS YOUR DOG PROTECTIVE OF HIS FOOD OR TREATS/ CHEWS? | What is he protective of, and in what way?   |  |
| DOES YOUR DOG HAVE ANY HABITS INSIDE THE HOUSE?      | e.g. chewing on furniture, carrying clothes around, etc. please be as specific as possible |  |
| DOES YOUR DOG HAVE ANY HABITS IN THE YARD?           | e.g. digging, eating plants etc. please be as specific as possible                         |  |
| HOW DOES YOUR DOG LIKE TO SPEND THE DAY?             | e.g. percentage of time sleeping/playing etc.  |  |
| WHAT ARE YOUR DOG'S FAVOURITE GAMES?                 |  |  |
| FEEDING INSTRUCTIONS                                 |  |  |

\_\_\_\_\_

**Date**

\_\_\_\_\_

**Owner's signature**

***Because Dogs Deserve Vacations Too!***