

Application for Enrollment

Date: _____ Dog's Name(s) _____

Parent names _____

Home Phone: _____ Cell Phone: _____ Work: _____

Address: Street _____

City _____ State _____ Zip _____

E-mail: _____

Employer name & address: _____

Emergency Contact (in the event we cannot reach you):

Name _____ Phone _____

Vet Clinic Name & Phone _____

ABOUT YOUR DOG

Breed/type _____ Approx. Weight _____

Color _____ Sex: M F Birth date _____

How long have you known your dog? _____ Where did you get your dog? _____

Is your dog older than 7 months? _____ If yes, approximate date of spay/neuter _____
(Spay/Neuter is required to play at Mojo's after 7 months of life)

Date & Purpose of last vet visit (excluding immunizations): _____

Immunizations - proof must be provided from your veterinarian -
Fax to 422-3069 or hand carry document - we can copy it here.

Other Surgeries/dates: _____

Medications (Please include name & times given): _____

List Allergies (food & environmental): _____

How long has your dog been on monthly heart worm? _____ What brand? _____

How long has your dog been on monthly flea control? _____ What brand? _____

Is your dog currently in good health? Yes No

Please tell us about any health issues that would be important to us at MoJo's (examples - seizures, hip problems, poor vision or hearing):

Would you consider your dog non-aggressive and safe to be around other dogs of a similar size and energy level as well as humans? Yes No

Is your dog currently free from communicable disease, to the best of your knowledge? Yes No

Please mark the following as appropriate. Remember, we don't use your responses to exclude your dog – we use them to help us understand and know your dog better.

Does your dog eat poo?	Yes	No	Love children?	Yes	No
Love to escape from the fence?	Yes	No	Growl often?	Yes	No
Have storm anxiety?	Yes	No	Bite on occasion?	Yes	No
Snap, but never bite?	Yes	No	Guard food?	Yes	No
Obey basic commands well?	Yes	No	Guard toys?	Yes	No

YOUR PREFERENCES

Feeding: We prefer you bring your own food – A sudden change in diet may cause GI upset (stomach ache, diarrhea)

Please tell us how much, if at all, your dog eats at the following times:

Morning –

Mid-day -

Evening -

Is your dog allowed to have treats? (we will give only a small piece of a treat at one time) Yes No

If there is an opportunity for water or rain play, would you like your dog to participate?
(We will do our best to return your dog to you as dry and clean as possible) Yes No

We may take photos of your dog. May we post them on Facebook, the website, or use them in other promotional materials? Yes No

If there is anything else we need to know about you and your dog(s), please list it here:

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The information provided on these two pages is true to the best of my knowledge.

Signature \_\_\_\_\_

Date signed \_\_\_\_\_

Relationship to Dog \_\_\_\_\_