Big River Canine Coach LLC

General Application

We pride ourselves on creating and maintaining a safe, happy, healthy, and hygienic environment for all dogs that come into our care. Please help us maintain this environment by answering the following questions about your dog.

Owner's Name(s):	
Address:	
Phone Number:	Alternate Number:
E-mail Address:	
	Dog Information
	Please fill out one application per dog.
Dog's Name:	
Breed(s):	
Gender, Spayed/Neutered, &	Date of Birth:
How did you get your dog?	□ Breeder □ Friend □ Family Member □ Social Media □ Adopted □ Other
□ Couch Potato□ Short wal□ Heavy yard play (Frisbee, for a Regularly competes in agility)	best describe your dog's activity level/daily exercise lks daily/few times a week
How does your dog react to v	visitors (human and animal) coming into your house or yard?
How does your dog react to p	people, animals, or objects passing your house or yard?
	Behavior History
Please give ι	us an idea of what kind of experiences your dog has had in the past.
□ None □ On-leash walks	ur dog's socialization history? Please check any boxes that fit. □ Plays with other household pets □ Formal Service Dog Training rhood dogs □ Off-leash dog daycare □ Off-Leash Dog Park
☐ Service Animal Training	ver any formal training? lasses
How do you use basic obedie	ence in your daily routine?

(continued on other side)

happened, and if you've	ed, bitten, attacked, or killed another animal or person? If so, please tell us what e done anything to prevent it from happening again
·	gatively towards any particular type of people, items, or animals? (Women, people irs, male dogs, certain breeds etc)
	egatively towards something/someone, are you aware of a stressful event in the past Please explain if applicable
	aversion to being groomed, or does he/she dislike being brush, bathed, groomed, nails
What kind of surface is	your dog used to going to the bathroom on? (grass, mulch, potty pad, etc)
How many times a day	does your dog get to go out to the bathroom?
Does your dog have any	sissues or concerns with using the bathroom?
How is your dog fed? □	your dog eat? Kibble Home-Cooked Raw Scheduled Free-Fed Fered a day?
Anything else you would	d like us to know about your dog?
	Medical History current on age appropriate vaccinations, flea, tick, and heartworm prevention. While Bordetella is our facility, we always recommend that you follow your veterinarian's recommendation.
Who is your regular vete	erinarian?
Is your dog current on a	Il age appropriate vaccinations? □ Yes □ No
Do you use monthly flea	/tick/heartworm prevention? If so, what?
Does your dog have any	sort of allergies?
	physical limitations? If so, what happened and what limitations?
Does your dog have any	medical conditions we should know about?
l certify that the above informa additional information collected	tion is correct to the best of my knowledge. I understand that this information, along witled on any additional applications will be used to determine the best placement, if any for a LLC has the right to refuse or dismiss any client or dog(s) from our facility for any reason
Owner Signature	Date
	-