

# Fantasy Canine Board And Train Application

Client' Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Phone Number : \_\_\_\_\_

Address: \_\_\_\_\_

Email: \_\_\_\_\_

Dog's Name: \_\_\_\_\_ Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Breed: \_\_\_\_\_ Gender: F M Spayed/Neutered: \_\_\_\_\_

## Which Program Are You Interested In?

Puppy Program / Basic Obedience / Advanced Obedience /

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## What Training Has Your Dog Had Prior?

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## What Kind Of Socialization and Desensitization Has Your Dog Had?

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## What Are Your Main Reasons For A Board and Train?

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## What Are Your Transportation Plans?

Are You Interested in a Payment Plan? \_\_\_\_\_

Any Problems You are Looking To Improve or Correct? (has bad focus in public and does not walk with a loose leash outside of the backyard and home.)

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# About Your dog

**What Motivates your Dog? Circle all that apply**

Toys / Treats / Praise / Other \_\_\_\_\_

**What is your dogs feeding schedule?**

How many Cups? \_\_\_\_\_ How many times a day? \_\_\_\_\_

**Do you have any food additives? Circle all that apply**

Supplements / Wet Food / Raw / Water/Broth / Other \_\_\_\_\_

**Does your dog have any allergies? List all below**

\_\_\_\_\_

**Does your dog have insurance? Yes / No What Company?**

\_\_\_\_\_

**Does your dog have any ongoing or past health conditions? List all**

\_\_\_\_\_

\_\_\_\_\_

**Has your dog showed any signs of resource guarding?**

Yes / No When/why?

\_\_\_\_\_

**How often does your dog get out for potty? \_\_\_\_\_**

**How often does your dog get exercise? \_\_\_\_\_**

**What kind? \_\_\_\_\_**

**Is your dog crate/kennel trained?**

Yes. / No / Working on it

**Is your dog muzzle trained?**

Yes / No / Working on it

**Is your dog microchipped?** Yes / No

**Does your dog have any behavioral issues I should be made aware of?**

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**Where did you obtain your dogs?**

Breeder / Shelter / Rehomed / Other Elaborate:

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**What commands does your dog know? Circle all that apply**

Sit   Down   Heel   Place   Come   Wait   Stay   Crate/Kennel   Focus

Distance Commands   Load Up   Touch   Leave it   Name   Fetch   Take it

Stand   Break/Release   Drop it   Off Go Potty   Quiet   Marker Word (ex . Yes)

Back Up

Other: What Tasks does your dog know or are currently learning? List all

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**Proof of Vaccinations and Clean Bill of Health from vet will be required to be sent in when the application is approved**