

# WAK-9 Training Boarding

Dog's Name	_____	Dates	_____
Owner's Name	_____	Fears/Escapes	_____
Address	_____	Excessive Barking	Y / N
City / Zip	_____	Chewing	Y / N
Phone	_____	Digging	Y / N
Email	_____	Jumping on People	Y / N
Vet	_____	Running Away	Y / N
Shots up to date	_____	Chasing Anything	Y / N
Heartworm / Flea	_____	Dog Aggression	Y / N
Medication	_____	Pulls on Leash	Y / N
Breed	_____	Food/Toy Possession	Y / N
Age	_____	Selective Hearing	Y / N
Sex	M/F      Spayed/Neutered	Play Biting	Y / N
Food Brand	_____	Submissive Urination	Y / N
How did you hear about us?	_____	Other Behavioral	Y / N

Feeding Instructions \_\_\_\_\_

Please circle one: I **WILL** or **WILL NOT** allow WAK-9 Training to choose an appropriate play mate during supervised yard time.

My Dog (please circle one): **MAY** or **MAY NOT** have Kennel-Provided chews or treats while boarding with WAK-9 Training.

Notes: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

WAK-9 Training LLC  
1323 NE Brown DR  
Madras, OR 97741  
928-699-6905

