

# HAPPY PAWS MEMBERSHIP FORM

Owner(s) Name

E-mail

Home Phone#

Other Phone#

Cell Phone#

Address:

City

Province

Post Code

Dog Name

Breed

Birthdate

Male

Neutered

Female

Spayed

Emergency Contact  
(someone other  
than yourself)

Phone #'s

Who is authorized  
for pickup?

Veterinarian Clinic

Phone #

How did you hear  
about us?

## Socialization

How does your dog  
react with other  
dogs outside (Park,  
Street, etc?)

How does your dog  
react with other  
dogs inside your  
house?

Does your dog ever go to a dog park? If yes how does he/she react to other dogs in the park?

Does your dog guard and protect food/bones/toys from people or dogs?

How is your dog when meeting strangers?

Is there a specific type of dog that your dog dislikes?

Does your dog dislike a type of person?

Has your dog ever bitten anyone? Please describe what happened.

Has your dog ever bitten or been in a fight with another dog? Please describe what happened.

Has your dog ever received training from a professional dog trainer?

Your dog's personality/behaviours

Quiet

Digger

Food protector

Escapist

Noisy

Fence Climber

Biter	Human Aggressive	Dog Aggressive
Destructive	Shy/ Fearful	Toy protector
High Energy	Ball Lover	Needs company

Is your dog fearful of ...      Men                              Women                              Children

I hereby certify that all the information above is true to the best of my knowledge.

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Signature:

Date:

Signature required if the form is hand filled only. If sent by email is proof of your consent.