

ADDENDUM TO DOGGYLAND LLC APPLICATION DATED _____

Owner's Name _____ Dog's Name _____

Dog's Birth Date ___/___/___ Breed _____ Sex: ___Male ___Female Color _____

Yes, my dog is: Spayed/Neutered _____ Please Initial Veterinarian (If different from the 1st dog) _____

Is there any person, type of dog, or situation your dog seems uncomfortable with? ___Yes ___No

Please describe _____

Has your dog ever growled at or bit another person or dog? ___Yes ___No

If yes, what were the circumstances? _____

Can you take a food item away from your dog without it growling? ___Yes ___No

Will your dog readily share toys with other dogs? ___Yes ___No

Does your dog chew on things he/she shouldn't? ___Yes ___No

Are there any restrictions that should be placed on your dog's activities? ___Yes ___No

If yes, what activities? _____

Does your dog have any allergies or any other conditions? _____

Has your dog ever jumped or climbed a fence or barrier? Yes – How High _____ No _____

If you DO NOT want your dog to be fed an organic biscuit, please initial _____ and we will mark their ID tag appropriately.

I, the undersigned, hereby acknowledge and agree that all the information provided herein is complete and accurate.

SIGNATURE DATE PRINT NAME

Obtained By: _____ Employee Initials