

## DOG DAYCARE APPLICATION FORM

### CLIENT INFO:

Name: \_\_\_\_\_  
Home Address: \_\_\_\_\_  
Local Address (Visitor/Tourist): \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell: \_\_\_\_\_  
Email Address: \_\_\_\_\_

### ALTERNATE CONTACT

(Incase we cannot get in touch with you using the above info)

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

### PET INFO:

Name: _____	Sex: M / F	Name: _____	Sex: M / F
Spayed/Neutered? Y / N		Spayed/Neutered? Y / N	
Age: _____	Weight: _____	Age: _____	Weight: _____
Breed: _____		Breed: _____	
Colour: _____		Colour: _____	
ID Type/# (tattoo, chip etc...) _____		ID Type/# (tattoo, chip etc...) _____	

### VET INFO:

Clinic: \_\_\_\_\_ Phone #: \_\_\_\_\_  
Vets' Name: \_\_\_\_\_

### MEDICAL:

Vaccinations (\* **Proof required** \* - Please put an "x" by each vaccination your dog is up-to-date on)

Distemper \_\_\_\_\_ Parvovirus \_\_\_\_\_ Rabies \_\_\_\_\_ Bordatella \_\_\_\_\_

Is your dog spayed/neutered? Y \_\_\_ N \_\_\_

Does your dog have *any* health concerns that we need to be made aware of? Y / N

If yes, describe: \_\_\_\_\_

Does your dog have *any* medical restrictions on his/her activities? Y / N

If yes, describe: \_\_\_\_\_

Is your dog currently on *any* medication? Y / N

If yes, describe: \_\_\_\_\_

Does your dog have *any* allergies? Y / N

If yes, describe: \_\_\_\_\_

Does your dog receive a flea/tick preventative? Y / N Brand \_\_\_\_\_ Frequency: \_\_\_\_\_

**HISTORY:**

Where did you get this dog? \_\_\_\_\_

How long have you had him/her? \_\_\_\_\_

If you have not had him/her from puppyhood, what do you know of his/her prior history?

Describe: \_\_\_\_\_

**FEEDING & TREATS: \*\* If feeding of a meal is requested, food must be provided by client \*\***

Is your dog allowed to have treats? Y / N Any treats to avoid? \_\_\_\_\_

Brand of food & Type (dry/wet) you feed your dog: \_\_\_\_\_

If applicale, what time would you like us to feed your dog? \_\_\_\_\_ Quantity: \_\_\_\_\_

**HOME ENVIRONMENT:**

Are there any other animals in the household? Y / N

If yes, what kind: Dog \_\_\_\_\_ Cat \_\_\_\_\_ Other (Please specify) \_\_\_\_\_

What is the make up of your household? Place an "x" where applicable

Adult Males: \_\_\_\_\_ Adult Females: \_\_\_\_\_ Children: \_\_\_\_\_

Ages of Children (if applicable): \_\_\_\_\_

Which family member does your dog relate to the best? \_\_\_\_\_

What do you do with him/her when you leave the home? \_\_\_\_\_

**BEHAVIOUR & SOCIAL SKILLS:**

Does your dog have any known behavioral problems? Y / N

If yes, describe: \_\_\_\_\_

Does your dog suffer from any degree of separation anxiety? None \_\_\_\_ Mild \_\_\_\_ Extreme \_\_\_\_

Is your dog housebroken? Y / N \_\_\_\_\_

Best word to describe your dogs overall temperament : \_\_\_\_\_

Does your dog have any areas on his/her body that he/she does not like to be touched? Y / N

If yes, where? \_\_\_\_\_

How does your dog usually react to other dogs they meet? \_\_\_\_\_

Has your dog ever attended Doggie Daycare? Y / N

If yes, how did he/she get along with the other dogs? \_\_\_\_\_

Has your dog ever participated in play at a dog park? Y / N

If yes, how did he/she get along with the other dogs?

Has your dog ever been aggressive towards another dog? Y/N

If yes, describe circumstance: \_\_\_\_\_

How does your dog react to strangers? \_\_\_\_\_

Does your dog have any kind of people he/she automatically fears or dislikes? Y / N

If yes, describe: \_\_\_\_\_

Does your dog have any breed/energy/size of dog that they automatically fear/dislikes? Y / N

If yes, describe: \_\_\_\_\_

Has your dog ever bitten a person, another dog or been in a dog fight? Y / N

If yes, describe: \_\_\_\_\_

Has your dog ever attempted to escape by digging/jumping/squeezing thru/climbing fences? Y / N

Does your dog jump on people? Y / N If yes, how do you stop him/her? \_\_\_\_\_

What is your dogs favorite toy? \_\_\_\_\_ Is he/she possessive over his/her toys? Y / N

Has your dog shared toys/food/water with other dogs before? Y / N Any Problems? Y / N

Does your dog have a circumstance or situation that he/she is frightened of? Y / N

If yes, describe: \_\_\_\_\_

Describe how you would calm the dog during this situation: \_\_\_\_\_

Is there anything specific you feel we should know about your dog? Y / N

If yes, describe: \_\_\_\_\_

\_\_\_\_\_

### EXERCISE:

Do you walk your dog? Y / N If yes, how often? \_\_\_\_\_ Distance? \_\_\_\_\_

What other exercise does your dog receive? \_\_\_\_\_

How often? \_\_\_\_\_

### TRAINING:

Has your dog ever received any *formal* training? Y / N

Does your dog know any *basic* commands? Y / N

If yes, describe: \_\_\_\_\_

What *special/fun* commands does your dog know? \_\_\_\_\_

What is his/her "potty" command: \_\_\_\_\_

What does your dog respond most to? (food/play/special toy etc...) \_\_\_\_\_

**\*\* Please note that Eddie's Pet Supply reserves the right to refuse enrollment to any dog at any time and for any reason.**

**I certify that, to the best of my knowledge, the information I have provided above is true.**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_