



Daycare Application

Name _____

Address _____ City _____ State _____ Zip _____

Home Phone _____ Day _____ Cell _____

Email _____

Add'l Contact: _____ Phone _____ Cell _____

Dog's Name _____ Breed _____ Age (DOB) _____

Sex _____ Spayed/Neutered _____ Weight _____ Age when acquired _____

Where did you get your dog? _____

How long have you had your dog? _____

Does your dog (mark those that apply):

- | | | |
|--|---------------------------------------|-------------------------------------|
| <input type="checkbox"/> Run free in the home | <input type="checkbox"/> unsupervised | <input type="checkbox"/> supervised |
| <input type="checkbox"/> Run free in a fenced yard | <input type="checkbox"/> unsupervised | <input type="checkbox"/> supervised |
| <input type="checkbox"/> Jump fences | how high? _____ | |

Is your dog possessive of any toys, food or objects (toward animals or people)? If yes, please explain:

Has your dog ever shared his/her toys with other animals?

Has your dog ever growled, snapped or bitten while taking food or toys away? If yes, please explain:

How does your dog react when strangers approach the home, yard or out in public?

How does your dog act when approached by other dogs on leash? If yes, please explain:

Is your dog afraid of any type of dogs? If yes, please explain:

Does your dog play off-leash with other dogs? If yes, please explain:

How does your dog react to puppies?

Has your dog ever growled at someone? If yes, what circumstances?

Has your dog ever bitten someone? If yes, what circumstances?

What is your dog's training history (mark those that apply)?

- | | | |
|--|---|--|
| <input type="checkbox"/> No training | <input type="checkbox"/> Trained yourself | <input type="checkbox"/> Puppy Kindergarten |
| <input type="checkbox"/> Group Class Basic | <input type="checkbox"/> Group Class advanced | <input type="checkbox"/> Private training sessions |
| <input type="checkbox"/> Obedience titles | <input type="checkbox"/> Agility | <input type="checkbox"/> Other - Please explain |



Does your dog have any problems in any of the following areas?

- Nail trims Brushing Bathing

Please Explain:

Does your dog have any degenerative joint disorders? If yes, please explain:

What restrictions need to be placed on your dog's activities or movement?

Does your dog have any physical problems or disabilities which may affect them in daycare?

Are there any other issues that you wish to address, or feel you should inform us of, and how much of a problem

do you consider the behavior to be?

How much exercise is your dog presently getting?

What is the main reason you would like your dog to attend doggie daycare?

Do you have and concerns or questions about Doggie Daycare?

How many days per week do you want daycare? _____ What day(s)? _____

Health & Temperament Certification

I, _____, hereby certify that my dog _____
is in good health and have not been ill with any communicable diseases within the last 30 days. I further certify
that my dog(s) has not harmed or shown aggressive behavior toward any person or any other dog or animal.

VACCINATION DATES:

Who gave these vaccinations: _____

DHLPP _____ Rabies _____ Bordetella _____

Fecal Test _____ Results _____

Does your dog have any allergies (food, environmental?)

Has your dog had ticks or fleas in the past year? Briefly describe: Is your dog on heartworm preventative?

Signature of Owner

Date