



Application

Owner Information:

Name(s): _____

Address: _____

City/Zip: _____

Cell Phone: _____

Secondary Phone: _____

Email: _____

Emergency Contact(s) and Phone Number(s):

Other people authorized for drop off & pick up:

How did you hear about us? _____

Veterinarian Information:

Name of Clinic: _____

Phone Number: _____

Dog Information:

Name(s): _____

Breed(s): _____

Date of Birth: _____

Sex: _____ Neutered/Spayed? _____

Can we give your dog treats? _____

Medical History:

Current Medical Conditions? If yes, please list _____

Any allergies? If so, please list: _____

Current medications: _____

Date of last flea treatment: _____

* Regular, preventative flea treatment is required to attend daycare; if you haven't don't so, please apply flea treatment to your dog 24 hours prior to daycare.

Behavior Information:

Has your dog ever bitten another dog or person? If yes, please explain: _____

Does your dog get nervous in certain situations? If yes, please explain: _____

Been to another daycare? If yes, please list: _____

How does your dog meet new dogs? _____

Would you consider your dog a "barker"? _____

How often do you walk your dog, and how long are your walks? _____

Have you ever taken your dog to obedience training? _____

Any bad habits? If yes, please explain: _____
