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| Pet Information |
| Name:      | Breed:      | Color:      |
| Sex:[ ] M [ ] F Altered: [ ] Neutered [ ] Spayed | Weight:      | Birthdate:      Age: |

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| Owner Information |
| Name:       | Street:       | City/Zip:            |
| Email:      | Home Phone:       | Cell Phone:       |
| Emergency Contact Information |
| Name:       | Home Phone:      | Cell Phone:      |
| Email:      | Work Phone:      | Other:      |
| Veterinarian Information |
| Name:      | Street:      | City/Zip:      |
| Email: | Phone:      | Fax:      |

**Please answer all questions in order for the application to be evaluated in a timely fashion.**

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| Pet History |
| Where did you get your dog?       | At what age?           |
| If adopted, what do you know of your dog’s history?      |
| How does your dog behave around children?      |
| Other animals in your household? [ ] Dogs [ ] Cats [ ] Other [ ] None  | Please list type, sex, and age of each below: |
|        |
| How does your dog get along with resident animals? |
|  |
| Does your dog have hip dysplasia? [ ] Yes [ ] No If yes, what restrictions need to be placed on your dog’s activities or movements? |
|  |
| Does your dog have any food allergies? [ ] Yes [ ] No If yes, what? |
| How does your dog react to having to having his/her nails clipped? |
| Does your dog have any sensitive areas? |
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| Training Profile, Social Experience and Behavior |
| Has your dog had formal training? [ ] Yes [ ] No | If yes, when?       | Where?      |
| What commands does your dog know well? [ ] Sit [ ] Down [ ] Stay [ ] Come [ ] Heel [ ] Off [ ] Leave It |
| Does your dog have a ‘potty’ command? [ ] Yes [ ] No If yes, what is it?      |
| Does your dog act afraid of any specific items or noises? [ ] Yes [ ] No  | If yes, please explain: |
|  |
| How does your dog react to strangers coming into your home/yard?      |
| Does your dog bark or growl at anyone passing outside your home or yard? [ ] Yes [ ] No  |
| Are there any kinds of **people** your dog automatically fears or dislikes? [ ] Yes [ ] No  | If yes, please explain: |
|  |
| Are there any types of **dogs** your dog automatically fears or dislikes? [ ] Yes [ ] No | If yes, please explain: |
|  |
| How does your dog react to puppies?      Small dogs?      Large Dogs?      |
| What causes your dog to growl?       |
| Has your dog ever bitten someone? [ ] Yes [ ] No  | Broken skin? [ ] Yes [ ] No | If yes, please describe the circumstances: |
|  |
| Has your dog ever bitten another dog? [ ] Yes [ ] No Broken skin? [ ] Yes [ ] No  | If yes, please describe the circumstances: |
|  |
| Has your dog ever growled or snapped at anyone who has taken food or toys away? [ ] Yes [ ] No  | If yes, please explain: |
|  |
| Has your dog ever had to share food or toys with other animals? [ ] No [ ] Rarely [ ] Often  |
| Does your dog have any favorite toys or games?       |

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| Behavioral Problem Areas |
| Has your dog had any problems in any of the following areas? If so, please explain: |
| Housetraining: | Mouthiness:      | Barking:      |
| Digging:      | Jumping:      | Mounting:      |

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| General |
| Has your dog ever attended another daycare facility? [ ] Yes [ ] No | Where? |
| How frequently? | Feedback? |
| How frequently would you like your dog to attend daycare? [ ] Daily [ ] 2-3 times weekly [ ] Once weekly [ ] 2-3 times monthly  |
| What are your daily preferences? [ ] Monday [ ] Tuesday [ ] Wednesday [ ] Thursday [ ] Friday [ ] Saturday |
| How did you hear about us? |