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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? | |