



Daycare Application

Your Information:

Name: _____

Address: _____

City, State, Zip: _____

Phone Number(s) (Please list any and all so that we can reach you in the event of an emergency):

Home: _____

Work: _____

Cell: _____

Other: _____

Email Address: _____

Your Vet's Information:

Name: _____

Doctor's Name: _____

Address: _____

City, State, Zip: _____

Phone: _____

Your Dog's Information:

Name: _____

Breed: _____

Color: _____

Sex: _____ Weight: _____

Birthday/Date of Adoption: _____

How did you hear about us? _____

To allow us to give your pet the love and attention he/she deserves, please take a moment to answer the following questions:

Has your dog been in day care before? _____
If so, where? _____

Is your dog aggressive towards other dogs? _____
Toward people? _____

Is your dog intimidated by other dogs? _____
By people? _____

Does your dog have or display symptoms of separation anxiety? _____
If so, please explain: _____

Is your dog on medication? _____
If so, please explain: _____
Will medication need to be administered during hours when your dog will
be in daycare? _____
If so, please explain: _____

Does your dog become aggressive when a toy or food is taken from him/her? ____
If so, please explain : _____

Is there any place that your dog does not like to be pet or touched? _____
If so, please explain: _____

Does your dog know any commands (e.g., sit, stay, down, etc.)? _____
If so, please explain: _____

Does your dog have a high energy level or low energy level? _____
(This will help us to place your dog in an appropriate play group).

Is your dog a fence jumper? _____

Are we permitted to provide your dog with treats such as dog biscuits? _____
Would you prefer that your dog have low cal biscuits instead? _____

Please provide a current shot record from your vet. Also, please alert us to any medical conditions, allergies, medications and/or special concerns you may have.

As owner of above said pet, I hereby consent to emergency medical care as prescribed by a duly licensed veterinarian. This care may be given under whatever conditions are necessary to preserve life, limb or well being of my pet.

Signature: _____

Date: _____