



DOG DAYCARE APPLICATION FORM

How Did you Hear About Camp K-9 Dog Daycare? _____

Your Name: _____ Spouse/Additional Owner Name: _____

Address: _____ City, _____ State, _____ Zip, _____

Home Phone: () _____ - _____ Work Phone: () _____ - _____

Cell: () _____ - _____ Spouse/Additional Owner's Cell: () _____ - _____

Email Address: _____

Spouse/Additional Owner Email Address: _____

If we can't get in touch with you or your spouse/additional owner who can we call?

Name: _____ Relationship: _____

Home Phone () _____ - _____ Work Phone () _____ - _____

If you can't be here to pick up your dog, who is authorized to pick him/her up? * This must be filled out

Name: _____ Name: _____

Name: _____ Name: _____

Veterinarian Information:

Name: _____ Phone () _____ - _____

Address: _____ City, _____ State, _____ Zip, _____

What brand of Flea and Tick Preventative used: _____ How often: _____

Brand of Heartworm used: _____ How often: _____

PET INFORMATION

Name: _____ Sex: M / F Spayed/Neutered Y / N Age: _____

Birthday: _____ Breed: _____ Color: _____ Weight: _____

Has your dog ever attended daycare: _____ If so where: _____

Why do you want your dog to come to daycare: _____

How often do you plan on having your dog come to daycare: _____

Allergies: _____ Micro Chip Y / N # _____

Is your dog currently on any medication? Y / N Describe: _____

Does your dog have any health concerns that you are aware of? Y / N Describe: _____

Does your dog have any medical restrictions on his/her activities? Y / N Describe: _____

Feeding Schedule: _____ Brand and Type of Food: _____

Is your dog allowed to have treats? Y / N (if yes, what type) _____

Where did you get this dog? _____ How long have you had him/her? _____

If you have not had him/her from puppy hood, What do you know of its prior history? _____

Are there any other animals in the household? (Species/ Breed / Age) _____

What is the makeup of your household? Adult Males _____ Adult Females _____ Children/Ages _____



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Which family member is your dog most fond of? _____ Which sex is your dog most fond of? M / F

Please describe your dogs overall temperament: _____

How does your dog react to other dogs? (Generally) _____

Has your dog ever participated in play at a dog park? Y / N If yes how did he/she react with the other dogs? _____

How does your dog react to strangers? _____

Does your dog have any kinds of people he/she automatically fears or dislikes? Y / N If yes describe: _____

Does your dog have any kinds of dog that he/she automatically fears or dislikes? Y / N If yes describe: _____

Has your dog ever bitten someone? Y / N If yes describe: _____

Has your dog ever been in a fight or bitten another dog? Y / N If yes describe: _____

Has your dog ever escaped or attempted to escape by digging/jumping or climbing fences? Y / N If yes describe: _____

Does your dog jump on people? Y / N If yes describe: _____

Do you walk your dog? Y / N How often? _____ Distance? _____

What other exercise does your dog receive? _____ How often? _____

What know behavioral problems does your dog have? _____

Does your dog have a circumstance or situation that he/she is frightened of? Y / N

If yes describe: _____

Describe how you would calm the dog during this situation: _____

Is your dog housebroken or crate trained? _____ Does your dog play with toys? Y / N

What kind? _____ Is your dog toy possessive? Y / N Describe: _____

Has your dog shared toys/food/water with other dogs before? Y / N Where there any problems? _____

Has your dog ever played on playground or agility equipment before? Y / N Do you feel that play equipment would be inappropriate for your dog? Y / N

Describe: _____

Does your dog prefer a particular sex of dog? Describe: _____

Has your dog ever received any formal training? Y / N Where and When? _____

Does your dog know any commands? Y / N Describe: _____

What special commands does your dog know? _____

Bathroom Command: _____ Quiet Command: _____ Play Command: _____

What do you do with him/her when you leave the home? _____

How does he/she react when you get home? _____

Does your dog like to receive brushings? Y / N How often is he/she brushed? _____

How does your dog react to getting his/her nails clipped? _____

Does your dog have any areas on his/her body that he/she does not like to be touched? Y / N Describe: _____

Does your dog have a special place that he/she likes to be petted or rubbed? Y / N Describe: _____

At Camp K-9 at times the dogs may get wet or have the opportunity

to play in our doggie pools, is this ok? Y / N

Is there anything else that you believe we should know about your dog? _____

When would you like to start? _____