



# 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?

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: \_\_\_\_\_



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## 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?

\_\_\_\_\_



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

\_\_\_\_\_

What is the make up of your household?

Adult Males \_\_\_\_\_ Adult Females \_\_\_\_\_ Children/Ages \_\_\_\_\_

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 every 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



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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



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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? \_\_\_\_\_



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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? \_\_\_\_\_

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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?

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When would you like to start? \_\_\_\_\_