

Application for Dog Daycare / K-9 Day Camp



OWNER(S) _____ DATE _____

ADDRESS _____ CITY _____ ST _____ ZIP _____

HOME PHONE _____ DAY PHONE _____

CELL _____ EMER PHONES _____ - _____

EMAIL ADDRESS _____

Dog's Information: If two or more dogs please use separate form for each

Dog Name _____ Breed/Desc _____

Age/Date of Birth _____ Sex M F Weight _____ Spayed/Neuter

Age when acquired? _____ Where did you obtain your dog? _____

Is your dog: (please check all that apply)

- Allowed to run free in the home: supervised unsupervised
- Allowed to run free in fenced yard: supervised unsupervised
- Has jumped over fence in yard or other : _____ How High? _____
- Leashed walks only Outside and unleashed but supervised Dog Beach/Parks

Has your dog ever been on any agility equipment? _____

Does your dog prefer to play with male female dogs or both

Does your dog prefer to play with small dogs large dogs or both

Is your dog possessive of any toys, foods or objects? If yes, please explain _____

Has your dog ever shared his/her food or toys with other animals? Yes No

Has your dog ever growled or snapped at anyone taking food or toys away? If yes, please explain:

How does your dog react when strangers approach the home or yard or out in public?

Is your dog afraid of any types of other dogs? _____

Does your dog play off-leash with other dogs? Briefly describe: _____

How does your dog react to puppies? _____

Has your dog ever growled at someone? _____ If yes, what circumstances? _____

_____ What did you do? _____

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Has your dog ever bitten another dog? _____ If yes, what circumstances? _____
_____What did you do? _____

What is your dog's training history? (Please circle)

| | | |
|-------------------------|----------------------|---------------------------|
| No training | Trained yourself | Puppy Kindergarten |
| Group class basic | Group class advanced | Private training sessions |
| Obedience titles/awards | Agility | Other |

Does your dog have any problems in any of the following areas?

Sensitive about any parts of his body? Tail Paws Hindquarters Belly Nails (clipped)

Being brushed; if so, explain: _____

Hip problems? _____ If yes, explain; What if any restrictions need to be placed on your dog's activities or
Movements? _____

Are there any physical problems or disabilities which may affect him/her in day camp/daycare? _____

Are there any other issues that you wish to address, or feel you should inform us of and how much of a problem do
you consider the behavior to be?

| Issue | Very Serious | Serious | Not Serious |
|-------|--------------|---------|-------------|
| 1. | | | |
| 2. | | | |
| 3. | | | |

Does your dog get exercise Daily Every other day Other _____

For How Long each session? _____

What is the main reason you have chosen Day Camp/Daycare for your dog?

Special Notes: (List any diet restrictions, allergies or special needs/concerns)

Veterinarian Hospital: _____ Phone _____