



DOGGIE DAY CARE APPLICATION

How Did you Hear About K9 Aquatic and Daycare Center: _____

Your Name: _____

Address: _____

City: _____ State: _____ Zip: _____

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

Cell: () _____

Email Address: _____

If we can't get in touch with you who can we call? Contact:

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

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

Cell: () _____

Veterinarian:

Name: _____ Phone: () _____

Address: _____

City: _____ State: _____ Zip: _____

PET INFORMATION

Name: _____

Sex: M / F

Spayed/Neutered: Y / N

Age: _____ Birthday: _____

Breed: _____

Color: _____ Weight: _____

Micro Chip Y / N # _____

Feeding schedule: _____

Brand and type of food: _____

Is your dog allowed to have treats? Y / N

If yes, what type:

Where did you get your dog? _____

How long have you had him/her? _____

If you have not had him/her from puppyhood, what do you know of his/her prior history?

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? _____

Please describe your dog's overall temperament:

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

(Inside your home):

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

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 known 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

Were 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 formal training? Y / N

When and where?

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 your dog react when you get home?

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

Describe:

Does your dog any any medical restrictions in his/her activities? Y / N

Describe:

Is your dog currently on medications? Y / N

Describe:

Does your dog have any allergies? Y / N

Describe:

Does your dog like to receive brushings? Y / N

How often is he/she brushed?

Does your dog have any areas on his/her body that he/she doesn't 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:

Does your dog receive flea and tick prevention? Y / N

Brand:

Type:

Frequency:

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

When would you like to start? _____