



# Doggie Daycare/Dog Park Application

Pet Information		
Name:	Breed:	Color:
Sex: <input type="checkbox"/> M <input type="checkbox"/> F Altered: <input type="checkbox"/> Neutered <input type="checkbox"/> Spayed	Weight:	Birthdate: <span style="float: right;">Age:</span>

Owner Information		
Name:	Street:	City/Zip:
Email:	Home Phone:	Cell Phone:

Emergency Contact Information		
Name:	Home Phone:	Cell Phone:
Email:	Work Phone:	Other:

Veterinarian Information		
Name:	Street:	City/Zip:
Email:	Phone:	Fax:

**Please answer all questions in order for the application to be evaluated in a timely fashion.**

Pet History	
Where did you get your dog?	At what age?
If adopted, what do you know of your dog's history?	
How does your dog behave around children?	
Other animals in your household? <input type="checkbox"/> Dogs <input type="checkbox"/> Cats <input type="checkbox"/> Other <input type="checkbox"/> None	Please list type, sex, and age of each below:
How does your dog get along with resident animals?	
Does your dog have a problem with fleas or allergies?	
Does your dog have hip dysplasia? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, what restrictions need to be placed on your dog's activities or movements?	
Does your dog like to be brushed? <input type="checkbox"/> Yes <input type="checkbox"/> No	
How does your dog react to having his/her nails clipped?	
Does your dog have any sensitive areas?	
Where are your dog's favorite petting spots?	

Training Profile, Social Experience and Behavior		
Has your dog had formal training? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, when?	Where?
What commands does your dog know well? <input type="checkbox"/> Sit <input type="checkbox"/> Down <input type="checkbox"/> Stay <input type="checkbox"/> Come <input type="checkbox"/> Heel <input type="checkbox"/> Off <input type="checkbox"/> Leave It		
Does your dog have a 'potty' command? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, what is it?		
Does your dog act afraid of any specific items or noises? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please explain:	
How does your dog react to strangers coming into your home/yard?		
Does your dog bark or growl at anyone passing outside your home or yard? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Are there any kinds of <b>people</b> your dog automatically fears or dislikes? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please explain:	
Are there any types of <b>dogs</b> your dog automatically fears or dislikes? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If yes, please explain:		
How does your dog react to puppies?	Small dogs?	Large Dogs?
What causes your dog to growl?		
Has your dog ever bitten someone? <input type="checkbox"/> Yes <input type="checkbox"/> No	Broken skin? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please describe the circumstances:
Has your dog ever bitten another dog? <input type="checkbox"/> Yes <input type="checkbox"/> No Broken skin? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If yes, please describe the circumstances:		
Has your dog ever growled or snapped at anyone who has taken food or toys away? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, please explain:
Has your dog ever had to share food or toys with other animals? <input type="checkbox"/> No <input type="checkbox"/> Rarely <input type="checkbox"/> Often		
Does your dog have any favorite toys or games?		

Behavioral Problem Areas		
Has your dog had any problems in any of the following areas? If so, please explain:		
Housetraining:	Mouthiness:	Barking:
Digging:	Jumping:	Mounting:

General	
Has your dog ever attended another daycare facility? <input type="checkbox"/> Yes <input type="checkbox"/> No	Where?
How frequently?	Feedback?
How frequently would you like your dog to attend daycare? <input type="checkbox"/> Daily <input type="checkbox"/> 2-3 times weekly <input type="checkbox"/> Once weekly <input type="checkbox"/> 2-3 times monthly	
What are your daily preferences? <input type="checkbox"/> Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday <input type="checkbox"/> Friday <input type="checkbox"/> Saturday	
How did you hear about us?	