

Application for Dog Daycare

NAME:		DATE:		
ADDRESS:				
CITY:		STATE:	ZIP:	
HOME PHONE:	WORK PHONE:		CELL PHONE:	
2 nd PHONE:	2 nd WORK PHONE:		2 nd CELL PHONE:	
E-MAIL:		2 nd E-MAIL: _		
Dog's Information:				
Dog Name:	Breed:		Age:	
SEX:MF WEIGHT:	Age when spayed	d or neutered?		
Age when acquired?	_ Where did you obtain your	dog?		
allowed to run free in fehas jumped over fence ileashed walks onlyoutside and unleashed b Has your dog ever been on Does your dog prefer to pla	any agility equipment? Y y withMALEFEMAL	unsupervised et YESNO E dogs or B		
_	nis or her food with other an		NO or out in public?	
Has your dog ever growled	or snapped at anyone taking	g food or toys a	away? If yes, please explain:	
-	her type of other dogs? Doe		y off-leash with any other dogs? Briefly	
How does your dog react to	puppies?			
Has your dog ever growled	at someone?YESNO	If yes, what ci	rcumstances?	
Has your dog ever bitten so	omeone?YESNO If yo	es, what circum	nstances?	

Has your dog ever bitten another dog?YESNO If yes, what circumstances?						
What is your dogs training histor	ry? (circle all that apply)					
No training Group class basic Obedience titles/awards	Trained by you Group class advanced Agility	Privat	Puppy kindergarten Private training sessions Other:			
	s in any of the following areas. her body? tailpaws hindo s? nails clipped being brush					
Are there any physical problems	or disabilities which may affect the	em in daycare?				
Are there any other issues that ye do you consider the behavior to l	ou wish to address, or feel you shou oe?	ıld inform us of, and	how much of a	problem		
<u>Issue</u>		<u>Very Serious</u>	<u>Serious</u> <u>Not</u>	Serious		
1,						
2						
3						
How much exercise is your dog p	oresently getting?					
What is the main reason you have	e chosen daycare for your dog?					