



Daycare Application

Owner Information

Name(s): _____

Address: _____

Home Phone: _____ Cell Phone: _____

Work Phone: _____ Email Address: _____

Others authorized to pick up your dog(s): _____

Emergency Contact info

Name: _____ Phone: _____

Dog's Information

Name: _____ Age: _____ Sex: _____

Spayed/Neutered: Yes/No Birthday: _____

Color/Markings: _____

Name: _____ Age: _____ Sex: _____

Spayed/Neutered: Yes/No Birthday: _____

Color/Markings: _____

Veterinarian/Hospital: _____

Phone: _____

Preferred Doctor: _____



Vaccination Requirements

You Must provide proof of vaccinations from your veterinarian. Dog must be up to date on all vaccinations specifically rabies, distemper, bordetella (kennel Cough).

Is your dog treated with a flea and tick preventative? Yes No

What type: _____

Does your dog have any allergies? _____

Is your dog on heartworm preventative? Yes No

Is your dog currently on any medications? If yes please list: _____

Will the medications need to be given while in our care? Please list name, time and dosage: _____

Any Health issues past or present? _____

Please check all that apply to your dog(s):

- Dog aggressive
- People aggressive
- Food aggressive
- Toy/object aggressive
- Separation anxiety

Please check all that apply to your dog(s):



- Crate trained
- House trained
- Leash/collar trained
- Pulls on leash
- Runs away
- Plays with other dogs
- Barks often
- Is destructive to bedding, food bowls, walls, etc.
- Fear of loud noises (thunder, fireworks, etc.)
- Has bitten a person

explain: _____

- Has bitten another animal

Explain: _____

- Lives with children
- Lives with other animals

What type of animals: _____

Has your dog attended daycare: Yes No

Is there anything you think we should know about your

dog: _____

Owner signature _____ Date _____