

# DAYCARE APPLICATION FORM



Date: \_\_\_\_\_

Your Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip \_\_\_\_\_

Phone (H): \_\_\_\_\_ (W) \_\_\_\_\_ (C) \_\_\_\_\_

Email: \_\_\_\_\_

Back up contact (in case we can't reach you)

Name: \_\_\_\_\_

Phone (H): \_\_\_\_\_ (W) \_\_\_\_\_ (C) \_\_\_\_\_

Veterinarian: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

## **PET INFORMATION**

Name: \_\_\_\_\_ Sex: M/F Spayed/Neutered: Y/N

Breed: \_\_\_\_\_ Color: \_\_\_\_\_ Weight: \_\_\_\_\_

Age: \_\_\_\_\_ Birthday: \_\_\_\_\_

Microchip Y/N #: \_\_\_\_\_ License Auburn/King County #: \_\_\_\_\_

Flea Treatment: Y/N Type: \_\_\_\_\_

Frequency: \_\_\_\_\_ Medications: \_\_\_\_\_

Has your dog been to day care previously? Y/N

If yes, how was the experience? \_\_\_\_\_

Does your dog have any health issues your aware of? \_\_\_\_\_

Does your dog have any medical restrictions on his/her activities? \_\_\_\_\_

Does your dog have any allergies? \_\_\_\_\_

Does your dog have favorite areas to be touched, petted or rubbed? \_\_\_\_\_

Does your dog have places he/she does not like to be touched? \_\_\_\_\_

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Please describe your dogs overall temperament: \_\_\_\_\_

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How does your dog react to other dogs (generally)? \_\_\_\_\_

Has your dog ever bitten anyone? Y/N

If yes, please describe: \_\_\_\_\_

Has your dog ever been in a fight or bitten another dog? Y/N

If yes, please describe: \_\_\_\_\_

Are there any kinds of dogs that your dog automatically fears or dislikes? Y/N

If yes, please describe: \_\_\_\_\_

Are there any kinds of people that your dog automatically fears or dislikes? Y/N

If yes, please describe: \_\_\_\_\_

Please describe how you would calm if he/she is fearful: \_\_\_\_\_

Has your dog ever escaped or attempted to escape by digging, jumping, or climbing fences: Y/N

If yes, please describe: \_\_\_\_\_

Has your dog ever participated in play at a dog park? Y/N

If yes, how did he/she react to the other dogs? \_\_\_\_\_

How does your dog react to strangers: \_\_\_\_\_

Does your dog have any circumstances that he/she is frightened of? Y/N

If yes, please describe: \_\_\_\_\_

Does your dog have any known behavior problems? Y/N

If yes, please describe: \_\_\_\_\_

Is your dog house broken? Y/N

Crate Trained? Y/N

Does your dog play with toys? Y/N

Favorite types of toys: \_\_\_\_\_

Is your dog toy possessive? Y/N

Is your dog food possessive? Y/N

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? Y/N

Do you feel that play equipment would be appropriate for your dog? Y/N

Has your dog received any formal training? Y/N

Where/when? \_\_\_\_\_

What commands does your dog know? \_\_\_\_\_

Potty Command \_\_\_\_\_ Quiet Command \_\_\_\_\_

Play Command \_\_\_\_\_ Other Commands we should know \_\_\_\_\_

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

\_\_\_\_\_

When would you like to start?

\_\_\_\_\_