

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? _____

Please describe your dogs overall temperament: _____

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?
