



ENROLLMENT APPLICATION

OWNER INFORMATION

First Name: _____ Last Name: _____

Email: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Cell Phone: _____ Work Phone: _____

Occupation: _____

Birthday: _____

EMERGENCY CONTACT

Name (Other than yourself): _____

Cell Phone: _____ Work Phone: _____

List name of any individual who can pick up your dog if you are unable:

DAY CARE

How many days a week are you considering daycare? 1 2 3 4 5 6 7

Preferred Days: MON TUES WEDS THURS FRI SAT SUN

PET INFORMATION

Name: _____

Age: _____ Breed: _____

Color: _____ Birthday: _____

Microchip Number: _____

Company: _____

Phone Number: _____

Veterinary Clinic: _____

Veterinarian's Name: _____

Veterinary Clinic Phone Number: _____

Veterinarian's Address: _____

City: _____ State: _____ Zip Code: _____

CURRENT VACCINATIONS

DHLPP: _____

Rabies – 1 Year: _____ 3 Years: _____ 5 Years: _____

Bordetella: _____

Canine Influenza: _____

Current Monthly Flea Program: _____

Current Monthly Heartworm Program: _____

Age Your Dog Was Spayed/Neutered _____

MEDICAL HISTORY

Medications (List All): _____

Special Instructions and/or Restrictions: _____

How long have you had your dog? _____

Where did you get your dog? _____

If adopted/rescued, do you have any back history? _____

Allergies/Food Restrictions: _____

Is your dog allergic to any of the following? Circle any that apply:

Peanut Butter Canned Pumpkin Cottage Cheese White Rice Cheese

Does your dog have any health concerns that you are aware of? Yes No

If so, what restrictions need to be placed on your dog?

BEHAVIOR

Does your dog like to be brushed? Yes No

How does your dog react to puppies? _____

Where does your dog sleep at home? _____

What kind of toys does your dog like and what games does he/she play? _____

How does your dog interact with other dogs and/or children in the home? _____

How does your dog react with visitors in the home? _____

How does your dog react to strangers? _____

Are there any types of dogs that your dog fears? _____

Are there any type of people that your dog fears? (Gender, behavior, clothing, hats) _____

Has your dog ever growled, snapped, or bitten a person or another dog? Yes No

Does your dog growl or become aggressive around food or toys? Yes No

Does your dog share well with others? (Food, toys, beds, etc.) Yes No

Has your dog ever been in daycare? Yes No

If so, where and when? _____

Has your dog ever been in obedience training? Yes No

If so, what type, where and when? _____

What commands, tricks, hand signals does your dog know? (Sit, stay, etc.) _____

Has your dog participated in play at a dog park? Never Rarely Sometimes Often

If so, how did he/she interact with other dogs? _____

Any behaviors we should be aware of? _____

Can your dog climb or jump a fence? If so, how high? _____

Any issues we need to know about your dog? Circle all that apply.

Aggression Excessive Barking Separation Anxiety Possessive Noises None

Is there anything else we need to know? _____

Can your dog have treats throughout the day? Yes No

Where is your dog's favorite place to be pet? _____

How does your dog handle grooming, i.e. getting their nails clipped, getting a bath, being dried off?

Does your pup spend any time in a crate? _____

Please describe your dog's overall temperament: _____

How is your pup rewarded? How do you correct unwanted behavior? _____

Anything else you would like us to help you with? _____

Health & Temperament Certification

I hereby certify that my dog is in good health and has not been ill with any communicable condition in the last 30 days. I further certify that my dog has not harmed or shown aggressive or threatening behavior towards any person or any other dog.