



*Application for
Doggy Daycare*

Owner's Name: _____

Address: _____

Day Phone Number: _____

Evening Phone Number: _____

Cell Phone Number: _____

E-Mail Address: _____

Who else may pick up/drop off your dog?

Name: _____ *Phone Number:* _____

Vaccinations: Please check all that are up to date.

- | | | | | |
|-------------------------------------|--|---------------------------------------|--|--------------------------------------|
| <input type="checkbox"/> rabies | <input type="checkbox"/> distemper | <input type="checkbox"/> hepatitis | <input type="checkbox"/> parainfluenza | <input type="checkbox"/> parvovirus |
| <input type="checkbox"/> bordetella | <input type="checkbox"/> fecal exam | <input type="checkbox"/> flea control | <input type="checkbox"/> heartworm | <input type="checkbox"/> coronavirus |
| <input type="checkbox"/> giardia | <input type="checkbox"/> leptospirosis | | | |

General Information

Dog's Call Name: _____ **Nick Name?** _____

Dog's Name: _____ **Sex:** male female

Breed: _____ **Purebred?** yes no

Approx weight: _____

Dog's Age: _____ **Birthday** _____

Spayed/Neuter? yes no

Where did you get your dog? _____

How old was your dog when you got him/her? _____

Please tell us about any special needs or conditions that your dog has?

Is your dog currently on any medications? yes no

If "yes", please tell us more: _____

For what condition is your dog being treated: _____

Has your dog ever been to obedience training? yes no

If "yes", what level was completed: _____

Date completed: _____

Do you train your dog for any special activities? yes no

If "yes", what type of activities? _____

What basic commands does your dog know? _____

Does your dog use a crate? yes no

Is your dog housebroken? yes no

Does your dog have an indicator for washroom breaks? yes no

If "Yes" what are these? _____

Does your dog have accidents indoors?

yes sometimes almost never never

Is your dog destructive? yes no

If "yes", please tell us in what ways he/she can be destructive: _____

Does your dog bark excessively? yes no

If "yes", at what time or for what reasons(s): _____

Has your dog ever bitten? yes no

If "yes", when or for what reasons(s): _____

How does your dog react to other small animals? _____

Is your dog afraid of loud noises? yes no

If "yes", please give an example (e.g., thunder, skateboards etc.):

Please choose the words from the following list that best describe your dog:

calm *timid* *nervous* *sensitive* *excitable*

active *playful* *aggressive* *submissive* *dominant*

We want your dog's time at Dogging It to be something that he or she looks forward to. Is there any other information that will help us ensure that your dog has the best experience possible?

Date: _____

Signature: _____