

DAYCARE Application:

Dog's Name: _____ Parent's Name (please list all parents) _____

Address: _____ City: _____ St: _____ Zip: _____

Home Phone: _____ Work: _____ Cell: _____ Pager: _____

Email Address: (by supplying this, you agree to receive periodic email from DLH) _____

Breed: _____ Birth date: _____ Male / Female Neutered / Spayed

Food Type: _____ Canned? _____ Dry? _____

Vet Clinic: _____ Treating Veterinarian: _____

Emergency Contact Person (other than yourself or Spouse): _____

Relationship: _____ Phone #: _____

Referred How? (referrals=free day for the dog/parent who referred you!) _____

List any known allergies: _____

How often do you think you would like to use the Day Care service? (Minimum one day per week) _____

Has your dog ever been enrolled in day care before? ___ Yes ___ No If yes, where? _____

Vaccination/Medical History:

Rabies due: _____ DHLPP due: _____ Bordatella due: _____

Yearly Heartworm Test? ___ Yes ___ No, If yes, what preventative? ___ Sentinel ___ Interceptor ___ Heartgard ___ Other ___

Flea and Tick Medication? ___ Yes ___ No If yes, what preventative? ___ Top Spot (ticks & fleas) ___ Advantage (fleas) ___ Sentinel (fleas) ___ Flea and Tick Collar ___ Revolution (fleas) ___ Other _____

Describe any medical/health issues we need to be aware of (i.e. seizures, heart/hip problems, etc.): _____

Anything contagious? ___ Yes ___ No If yes, what: _____

Does your dog have a Microchip? _____ Microchip number: _____ Brand: _____



Dog Profile:

How long has your dog been in your family? _____ Where did you get your dog? _____

If adopted, do you have any knowledge of your dogs past history? _____

Number of people in your household?? _____ # of Adults: _____ male: _____ Female: _____ # of Children: _____

Male: _____ Ages: _____ Female: _____ Ages: _____

Do you have any other pets? ___yes ___ no . What kind? _____

How do they get along? _____

How do you feed your dog? _____ on a schedule PM/AM? _____ once a day AM or PM? _____ free feed?

Does your dogs has any known **food allergies or food restrictions**?

Has your dog had any obedience training? ___ Yes ___ No. If yes, to what level? ___ Beginner ___ Advanced ___ CGC ___ TDI ___ Flyball ___ Agility

Does your dog know any commands? _____

Do you use a **crate**? ___ Yes ___ No If yes, is your dog comfortable in the crate? ___ Yes ___ No

When do you crate your dog? _____ during the day while away? _____ at night? _____ how many hours? _____

Does your dog have any problems in the following areas:

_____ Mouthing (chewing on your hands or clothing) _____ Chewing/Destructivness _____ excessive barking _____ houstraining

_____ Coprophagia (eating own or other dogs feces) _____ separation anxiety _____ digging _____ jumping _____

Is your dog comfortable with having his/her feet touched? ___ Yes ___ No ___ Don't know

Is your dog comfortable with having his/her **collar used to lead**? ___ Yes ___ No ___ Don't know

Does your dog behaves different on/off leash? ___ Yes ___ No Explain: _____

Is your dog comfortable with getting a bath ? ___ Yes ___ No ___ Don't know

Has your dog ever climbed or **jumped a fence**? ___ Yes ___ No ___ Don't know. If yes how high was fence? _____

Does your dog sneak or bold through doors? ___ Yes ___ No Explain: _____

Has your dog ever **growled or snapped** at anyone who's touched his/her bones, food or toys?
___ Yes ___ No ___ Don't know

Has your dog ever **bitten** any other dog (not play biting)?? ___ Yes ___ No. Circumstances _____

Has your dog ever **bitten** any person? ___ Yes ___ NO Circumstances _____

Does your dog play with other dogs on a regular basis? ___ Yes ___ No If yes, would you say he/she plays nicely?
___ Yes ___ No explain: _____



Does your dog prefer certain sexes of dogs? ___ Yes ___ No If yes, which sex? _____ female? _____ male?

Does your dog automatically dislike any kind of dog? _ Yes _ No If yes, what kinds? _____

How does your dog react to puppies? _ Happy to see them _ Go away I don't like you _ Indifferent to them

How does your dog react to strangers? _ Happy to see them _ Go away I don't like you _ Indifferent to them

Does your dog automatically dislike any kind of person? _ Yes _ No If yes, what kinds? _____

Does your dog like water? ___ yes ___ No

Does your dog like playing any games? ___ Yes ___ No

Has your dog had any socialization with other dogs? _____

Describe any behavioral problems/idiosyncrasies/special sensitivities we should be aware of: _____

Anything else we need to be aware of???? _____

How did you hear about us??? _____

IF ANY OF THE ABOVE INFORMATION CHANGES, PLEASE NOTIFY US IMMEDIATELY!

Signature

Date

Signature

Date

