



Dog Daycare Registration

Pet's Name _____ Owner _____ Pets Weight _____

Breed _____ Sex :(circle one) Male Female Spayed Neutered

Color _____ Pet's DOB _____ Pets Weight _____

Emergency Contact: _____ Phone: _____

Mealtime Instructions: _____

Is your dog allowed to have treats: YES NO , if yes what kind _____

Additional considerations in the care of your pet: _____

Has your pet ever bitten anyone? _____

Does your pet have any dog, people or food aggression issues? _____

Is your pet afraid of thunderstorms? _____

Does your pet have any special needs or pre-existing physical problems? _____

Does your pet jump fences or try to dig out? _____

Does your pet(s) have any allergies? _____

Where did you get this dog? Breeder Shelter Stray Other _____

How long have you had him/her? _____

If you have not had him/her since puppyhood, what do you know about your dog's history?

Please describe your pet's overall temperament: _____

What is your dog's energy level when involved in group play? _____

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

How does your dog react to puppies? _____

Has your dog ever participated in play at a dog park? YES NO

Has your dog ever participated in daycare before? YES NO If yes what was the outcome?

Does your dog have any kinds of people he/she automatically fears or dislikes? Yes No Describe:

Does your dog have any kinds of dogs he/she automatically fears or dislikes? Yes No Describe:

Has your dog ever been in a fight or bitten another dog? Yes No Explain:

Has your dog ever been attacked by another dog? YES NO

Does your dog have containment or separation issues? YES NO Explain:

Does your dog interact with other dogs outside of your home? YES NO Explain:

Does your dog jump on people? YES NO

What kind of behavioral issues does your pet have?

Does your dog have any situations or circumstances that he/she is frightened of?

Is your dog housebroken or crate trained? YES NO

Does your dog play with toys? YES NO

Is your dog possessive with toys? YES NO

Has your dog shared food/toys with other dogs before? YES NO

Were there any problems? _____

Does your dog prefer a particular sex of dog? YES NO , if so: MALE FEMALE

Has your dog ever received any formal training? YES NO Describe: _____

Does your dog know any commands? YES NO Describe: _____

What special commands does your dog know? _____

Does your dog like to have his/her coat brushed? YES NO

How does your dog react to getting his/her nails trimmed? _____

When would you like to start daycare? _____

Are there particular days of the week or times that you would want/need to have your dog in daycare? If so please list:

What type of Flea Program is your pet(s) on and due date? _____

What type of Heartworm preventative is your pet(s) on and due date? _____

Please explain any other concerns or considerations for your dog not already discussed:
