

Enrollment Form
Please complete one form for each dog

Customer Information

Name(s) _____

Address _____

Home Phone _____

Work Phone _____

Cell Phone _____

E-mail Address _____

How did you hear about us? _____

Pet's Information

Pet's Name _____ Sex _____

Breed _____ Weight _____

Age _____ Birthday _____

Pet's age when added to your family _____

What flea/tick control and prevention do you use? _____

Does your pet have allergies? If yes, please explain

Who else can drop off or pick up your pet? _____

Household Information

How many people live in your household?

Adults ____ Children (include ages) _____

Are there other dogs in the household? _____

If yes, please describe their relationship

Is your pet frightened by thunder or other noises? _____

Feedings

Will your pet be fed during daycare? ____ If yes, will you provide the Food? ____

Please provide your pet's normal feeding schedule:

Time of day	Amount
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_____	_____
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_____	_____
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_____	_____
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Emergency Contact Information

If there is an emergency, we will make repeated attempts to contact you. If we are unsuccessful after the first try, whom can we call to act on your behalf until we reach you?

Name _____
Phone Number _____

Medical/Health Information

Please provide proof of vaccinations from your veterinarian

Veterinarian's Name _____
Address _____
Phone Number _____

Does your pet have any of the following:
Disabilities? _____ Please explain _____
Injuries? _____ Please explain _____
Activity Restrictions? _____ Please explain _____

Is your pet spayed/neutered? _____

Are there sensitive areas on your pet's body that he / she does not like touched?

How often is your dog walked? _____
How long are the walks? _____
Do you jog, run or play sports activities with your pet? _____
Has your pet ever jumped a fence? ___ If yes, what was the fence height? _____

How does your dog react to the following:
Baths _____
Nails clipped _____
Brushing _____
Petting _____
Hugs and kisses _____
Belly rubs _____

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Behavior

Please select your pet's socialization:

- _____ No interaction with other dogs
- _____ Interaction with a leash only
- _____ Comfortable without a leash while playing with friend's or neighbor's dog
- _____ Regularly attends parks off leash
- _____ Experienced daycare visitor

How does your pet react to a strange person coming into the yard?

How does your pet react to a strange dog coming into the yard?

What games does your dog like? _____

What are his/her favorite toys? _____

Has your dog ever shared any of the following with another dog:

Toys? _____ Food? _____ Water? _____ Sleep space? _____

Has your dog ever growled or snapped at any person or dog? _____

If yes, please describe the circumstances _____

What commands or tricks would you like for us to reinforce with your pet?

Please list any problems or concerns that you would like to discuss during the interview?
