



# Day Care Enrollment Application

Date:

## Client Information

|   |  |             |  |
|---|--|-------------|--|
| Last Name:  |  | First Name: |  |
| E-Mail:   |  |             |  |
| Mailing Address (Street, City, Zip):                          |  |             |  |
| Cell Phone:   |  | Home Phone: |  |
| Reasons for Enrolling Your Dog in Day Care (please describe): |  |             |  |

## Dog Information

|  |  |  |  |
|--|--|--|--|
| Name:  |  | Breed (if mix please list all breeds)  |  |
| Birth Date or Approx. Age:   |  | Sex: Male / Female / Nuetered / Spayed |  |
| Physical limitations, medical conditions, or restrictions (please describe):   |  |  |  |
| Is this dog current on his / her vaccinations? <input type="checkbox"/> YES <input type="checkbox"/> NO (includes Rabies, DHLPP, & 6 mo. Bordatella)   |  |  |  |
| Is this dog taking any medications, including preventatives? (please check all that apply)<br><input type="checkbox"/> Heartworm <input type="checkbox"/> Flea / Tick <input type="checkbox"/> Arthritis <input type="checkbox"/> Allergies <input type="checkbox"/> Other _____ |  |  |  |
| Has this dog attended day care at any other pet care facility? If "Yes" please identify which facility.  |  |  |  |
| Has this dog ever bitten another dog or person? (If "Yes" please provide details below) <input type="checkbox"/> Yes <input type="checkbox"/> No   |  |  |  |
| Does this dog have any behavior issues? (If "Yes" please provide details below) <input type="checkbox"/> Yes <input type="checkbox"/> No   |  |  |  |
| Has this dog had any negative experiences with other dogs? (If "Yes" please provide details below) <input type="checkbox"/> Yes <input type="checkbox"/> No  |  |  |  |
| Are there any types of dogs this dog does not like / get along with? (If "Yes" please provide details below) <input type="checkbox"/> Yes <input type="checkbox"/> No  |  |  |  |
| Does this dog have any history of growling at people or other dogs? (If "Yes" please provide details below) <input type="checkbox"/> Yes <input type="checkbox"/> No   |  |  |  |
| Comments Regarding Responses Above:  |  |  |  |
| How often do you plan for this dog to attend day care at our facility?<br><input type="checkbox"/> Daily (3-5 days / wk.) <input type="checkbox"/> Regularly (1-2 days / wk.) <input type="checkbox"/> Occasionally (less than 4 days per month)                                 |  |  |  |

## Staff Use Only:

|   |  |              |  |                      |  |
|---|--|--------------|--|----------------------|--|
| Taken By:   |  | Assessed By: |  | Owner Communication: |  |
| Day Care Group: <input type="checkbox"/> Large Dog All Day Play Approved <input type="checkbox"/> Small Dog Group Approved <input type="checkbox"/> Individual Play Only Staff: _____ |  |              |  |                      |  |