



## DOG DAYCARE APPLICATION FORM

Date: \_\_\_\_\_

### Dog Information:

Dog's Name: \_\_\_\_\_

Birthdate: \_\_\_\_\_ day \_\_\_\_\_ month \_\_\_\_\_ year

Dog's Breed: \_\_\_\_\_

Sex:  Male  Female

Colour / Markings: \_\_\_\_\_

Spayed / Neutered:  Yes  No

License #: \_\_\_\_\_

Microchip:  Yes  No

Tattoo: \_\_\_\_\_

### Dog Owner Information:

Owner's Name: \_\_\_\_\_

Additional Owner's Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Cell / Pager: \_\_\_\_\_ Email: \_\_\_\_\_

### Emergency Information:

Emergency Contact: \_\_\_\_\_

Emergency Phone: H \_\_\_\_\_ W \_\_\_\_\_ C/P \_\_\_\_\_

Veterinarian: \_\_\_\_\_ Clinic: \_\_\_\_\_

Phone: \_\_\_\_\_ After hours phone: \_\_\_\_\_

Address: \_\_\_\_\_

Vaccinations (date last given):

DHPP: \_\_\_\_\_

Rabies: \_\_\_\_\_

Bordatella (kennel cough): \_\_\_\_\_

**DOG DAYCARE APPLICATION FORM**

**Health and Care Information:**

Are we feeding your dog during daycare?  Yes  No

Feeding schedule: \_\_\_\_\_

Does your dog have any physical limitations, allergies or health problems?  Yes  No

If yes, please describe: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Does your dog need to be given medications?  Yes  No

If yes, please describe and give detailed instructions: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Has your dog been sick recently?  Yes  No

If yes, please explain: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Does your dog have any sensitive areas on his/her body? \_\_\_\_\_

**Pet Personality Profile:**

How long have you owned your dog? \_\_\_\_\_ Where did you get him/her? \_\_\_\_\_

If you have knowledge of your dog's history, please describe: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Has your household situation changed in any way over the past year?  Yes  No

If yes, please describe: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## DOG DAYCARE APPLICATION FORM

### Behaviour:

Has your dog ever been to dog daycare before?  Yes  No

What do you do with your dog when you are not home? \_\_\_\_\_

How long is your dog left alone each day? \_\_\_\_\_ How many days / week? \_\_\_\_\_

What does your dog do to show he/she is happy? \_\_\_\_\_

\_\_\_\_\_

What kind of toys does your dog like? \_\_\_\_\_

\_\_\_\_\_

Has your dog ever had any formal obedience training?  Yes  No

If yes, what type? Where? And when? \_\_\_\_\_

\_\_\_\_\_

Which commands does your dog respond to? \_\_\_\_\_

\_\_\_\_\_

Does your dog know any hand signals? \_\_\_\_\_

\_\_\_\_\_

Does your dog have a "release word"? \_\_\_\_\_

Does your dog walk well on a leash?  Yes  No

How does your dog react to other dogs/people approaching him/her when you are out on a walk?

On-leash? \_\_\_\_\_ Off-leash? \_\_\_\_\_

When people come into your home or yard? \_\_\_\_\_

Has your dog ever...

Scaled a fence? (type / height) \_\_\_\_\_

Growled at someone? (if yes, please describe) \_\_\_\_\_

Bitten someone? (if yes, please describe) \_\_\_\_\_

Reacted negatively when someone took away food or toys? (if yes, please describe) \_\_\_\_\_

\_\_\_\_\_

## DOG DAYCARE APPLICATION FORM

Is your dog anxious around or frightened by any particular:

Noises? \_\_\_\_\_ Type / genders of people? \_\_\_\_\_

Actions? \_\_\_\_\_ Objects? \_\_\_\_\_

How often does your dog usually relieve himself/herself each day? \_\_\_\_\_

Does your dog have any problems in the following areas:

Barking? \_\_\_\_\_ House training? \_\_\_\_\_

Digging? \_\_\_\_\_ Chewing / destructiveness? \_\_\_\_\_

Jumping? \_\_\_\_\_ Separation anxiety? \_\_\_\_\_

Does your dog do any tricks? \_\_\_\_\_

May we give your dog treats while he/she is at daycare?  Biscuits  Apples  Carrots

How did you hear about Canine Campus Dog Daycare & Training Centre? \_\_\_\_\_

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Signature of Owner

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Date

PLEASE NOTE: You must complete, sign and date the Dog Daycare Rules & Regulations and the Dog Daycare Agreement & Waiver forms in order for this to be a completed application to Canine Campus Dog Daycare & Training Centre.