

# DOGGY DAYCARE APPLICATION



Owner's Name(s): \_\_\_\_\_

Primary Phone Number \_\_\_\_\_

Add'l Contact Number(s): \_\_\_\_\_

Are you a  full time or  part time AZ resident?

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

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

Breed: \_\_\_\_\_ Color: \_\_\_\_\_

Gender: M F Altered? Y N Age: \_\_\_\_\_

Where did you get your dog? \_\_\_\_\_

Any allergies/ drug sensitivities? \_\_\_\_\_

## PRIMARY VETERINARIAN INFO:

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

Phone Number: \_\_\_\_\_

Is your dog microchipped?  Yes  No

Can your dog be given treats?  Yes  No

Is your dog on flea/tick prevention?  Yes  No

Is your dog on heartworm prevention?  Yes  No

Fecal exam done within the last year?  Yes  No

Is your dog taking any medications/ supplements?  Yes  No If yes, please list: \_\_\_\_\_  
\_\_\_\_\_

Please list ANY and ALL significant medical conditions they have been diagnosed with: (diabetes, seizures, arthritis, etc.)  
\_\_\_\_\_

What commands does your dog know?  Sit  Stay  Come  Heel  High Five  Leave it

Other(s): \_\_\_\_\_

How would you describe your dog's level of socialization? \_\_\_\_\_  
\_\_\_\_\_

Has your dog gone through any obedience training? Please describe: \_\_\_\_\_  
\_\_\_\_\_

What motivates your dog?  Food  Toys  Human Interaction  Other: \_\_\_\_\_

Has your dog ever bitten a person or another animal?  Yes  No If yes, what were the circumstances and what was the result? \_\_\_\_\_  
\_\_\_\_\_

Anything else you would like us to know about your dog? \_\_\_\_\_  
\_\_\_\_\_

By signing I certify that the above information is true and correct to the best of my knowledge and understand that this application is merely a request for my dog to be evaluated for daycare suitability. Once all required forms and vaccine records are on file a test date will be scheduled. I understand that safety comes first, and my dog's behavior will be monitored. If at any time the daycare staff need to remove them based on behavior they will do so.

Signed: \_\_\_\_\_

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

Office Use Only:  vaccines on file  treatment plan  consent form  client information \_\_\_\_\_