

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?

Dog's Name: _____

Breed: _____ Color: _____

Gender: M F Altered? Y N Age: _____

How long have you owned your dog? _____

Where did you get your dog? _____

Any allergies/ drug sensitivities? _____

Have they been crate trained: Yes No

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

PRIMARY VETERINARIAN INFO:

Clinic: _____

Phone Number: _____

VACCINATION GIVEN DATES: Up to date vaccine records must be on file at ACC *before* daycare visit.

Rabies: _____

Distemper/Parvo: _____

Bordetella (kennel cough): _____

Is your dog microchipped? Yes No

Can your dog be given treats? Yes No

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 _____