

Owner Information

Date: _____

Owner Name _____

Second Owner or Authorized Party _____

Address _____

City _____ State _____ Zip _____

Primary Phone _____

Secondary Phone _____

Email _____

Authorized Persons:

The following are the names of individuals that have your permission to pick up your dog from CompanionShep Doggie Daycare. You understand that once dogs are released into the care of authorized persons or individuals that CompanionShep Doggie Daycare is no longer responsible for the well-being of your pet.

Authorized Individuals

Name _____

Name _____

Name _____

Emergency Information

Emergency Contact Name: _____

Primary Veterinary Clinic: _____

Preferred Veterinarian if any: _____

Clinic Phone: _____

Clinic Address: _____

Vaccinations

All dogs vaccinations must be current per CompanionShep policy requirements. Owners are required to submit written proof from a licensed veterinarian. It is the pet owners responsibility to provide updated veterinary records each year.

FOR OFFICE USE ONLY

RABIES DUE DATE _____ DHPPV DUE DATE _____

BORDETELLA DUE DATE _____ LYME DUE DATE _____

Pet Information & Behavior Profile
DOGGIE DAYCARE APPLICATION FORM

Pet Name _____
Sex: MALE FEMALE Spayed/Neutered: YES NO
Breed _____ Color _____
Age _____ Date of Birth _____ Weight _____

How long have you had your dog? _____

Where did you get your dog? _____

Have you had your dog since puppyhood / what do you know of his/her prior history? _____

Are there any other animals in the household? _____

What is the make up of your household? Adults Only _____

Children/Ages _____

Which family member is your dog most fond of? _____

Which sex is your dog most fond of? M / F

Does your dog react to other dogs? (Generally) _____

Has your dog ever participated in play at a dog park? YES NO

If yes, how did he/she react with other dogs? _____

How does your dog react to strangers? _____

Does your dog have any kinds of people he/she automatically dislikes? YES NO

If yes, please describe: _____

Has your dog ever bitten someone? YES NO

If yes, please describe what happened _____

Does your dog jump on people? YES NO

If yes, describe _____

Has your dog ever been in a fight or bitten another dog? YES NO

If yes, describe _____

Has your dog ever escaped or attempted to escape by digging/jumping or climbing fences? YES NO

If yes, describe _____

Do you walk your dog? YES NO Leashed? YES NO

How often? _____ Distance _____

If yes, describe _____

What other types of exercise does your dog receive? _____

How Often? _____

What known behavioral problems does your dog have? _____

Does your dog have a circumstance/situation that he/she is frightened of? Y N

If yes, describe _____

Describe how you would calm your dog during this situation _____

Is your dog housebroken or crate trained?

Does your dog play with toys? YES NO

What kind? _____

Is your dog toy possessive? YES NO

Describe _____

Has your dog shared toys/water/food with other dogs before? YES NO

Were there any problems? _____

Has your dog ever played on playground or agility equipment before? YES NO

Do you feel that play equipment would be inappropriate for your dog? YES NO

If yes, describe _____

Has your dog ever received any formal training? YES NO

Where and When? _____

Does your dog know any commands? YES NO

Describe _____

Any special commands? If yes, describe _____

Bathroom Command: _____ Quiet Command: _____

Play Command: _____

What do you do with him/her when you leave the home? _____

How does he/she react when you return home? _____

Does your dog have any health concerns that you are aware of? YES NO

If yes, describe _____

Does your dog have any medical restriction on his/her activities? YES NO

If yes, describe _____

Is your dog currently on any medication? YES NO

If yes, describe _____

Does your dog have any allergies? YES NO

If yes, describe _____

Does your dog get brushed? YES NO How often? _____

Does your dog get his/her nails clipped? YES NO How often? _____

How does your dog react to getting his/her nails clipped? _____

Does your dog have any areas on his/her body that he/she does not like to be touched? YES NO If yes, describe _____

Is there anything else we should know about your dog?

When would you like to start? _____

Signature of Owner _____ Date _____

Printed Name _____