



For the Dog in Your Life.™

Date: / /

DOGGIE DAY CARE APPLICATION

Dog's Name: _____

Owner: _____

HEALTH

1. Call Name: _____ Breed: _____ Purebred? Yes No

2. Date of birth: _____ Age: _____
Sex: Male Neutered Female Spayed

3. Weight: _____ lbs. Is your dog overweight? Yes No

4. How old was your dog when you adopted him/her? _____

5. Did you adopt from the Humane Society or a rescue group? Yes No

If yes, explain the reason that led your dog to be taken there: _____

6. Does or has your dog ever had a problem with any of the following? (Check any that apply)
eyesight lameness allergies hearing diarrhea bloat heart problems

other: _____

Parasites: Lyme disease leptospirosis fleas hookworms roundworms

other: _____

Describe symptoms and treatment of any checked conditions: _____

7. Name the food you are feeding your dog, how much and how often: _____

8. Is your dog on any medication? Yes No If yes, what drugs and for what condition: _____

9. Are there any health conditions not listed above? Yes No If yes, please explain: _____



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TRAINING

1. Has your dog had obedience training? Yes No If yes, what level:
Puppy Beginner Novice Open Utility other:

2. Is your dog presently taking obedience training? Yes No
3. In training, what do you use as reward? Food Verbal praise Physical praise Clicker
other: _____
4. Do you train your dog for any of these activities? Agility Tracking Flyball
Schutzhund Herding Conformation other:

5. Does your dog:

	<i>Always</i>	<i>Frequently</i>	<i>Rarely</i>	<i>Never</i>
sit	_____	_____	_____	_____
down	_____	_____	_____	_____
stay	_____	_____	_____	_____
stand	_____	_____	_____	_____
come when called	_____	_____	_____	_____
heel on lead	_____	_____	_____	_____
heel off lead	_____	_____	_____	_____
6. Does your dog use a crate? Yes No
7. Is your dog housebroken? Yes No Paper trained? Yes No Both
8. How does your dog indicate to go out for bathroom? _____
9. Does your dog have bathroom accidents indoors? Frequently Rarely Almost never Never

BEHAVIOUR

1. Does your dog urinate submissively? Yes No If yes, explain _____

2. Is your dog destructive? Yes No If yes, describe: _____

3. Does your dog have separation anxiety? Yes No If yes, describe behaviour and your treatment:

4. Does your dog bark excessively? Yes No If yes, please describe: _____



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5. Has your dog ever bitten? Yes No You or your partner Your child Another family member
Another child Stranger Dog Puppy Cat other: _____

If yes, explain: _____

What were the consequences of the bite? (e.g., medical treatment, court-ordered obedience) _____

6. How many separate bite incidents? _____

7. Does your dog experience car sickness? Yes No

8. To what degree does your dog exhibit the following:

	<i>Always</i>	<i>Frequently</i>	<i>Rarely</i>	<i>Never</i>
calm	_____	_____	_____	_____
timid	_____	_____	_____	_____
nervous	_____	_____	_____	_____
sensitive	_____	_____	_____	_____
excitable	_____	_____	_____	_____
active	_____	_____	_____	_____
assertive	_____	_____	_____	_____
aggressive	_____	_____	_____	_____
playful	_____	_____	_____	_____
submissive	_____	_____	_____	_____
dominant	_____	_____	_____	_____

9. Is your dog afraid of (check any that apply): Thunder: Lightning: Loud noises: Children
Sudden movements: Other dogs: Puppies: Cats: other: _____

10. Are there any other behaviours not previously listed? _____

11. What is your dog's reaction to:

	<i>Enjoys</i>	<i>Tolerates</i>	<i>Despises</i>
swimming	_____	_____	_____
car rides	_____	_____	_____
being bathed	_____	_____	_____
being brushed	_____	_____	_____
nails clipped	_____	_____	_____
ears cleaned	_____	_____	_____
teeth cleaned	_____	_____	_____
taking medication	_____	_____	_____
visits to the vet	_____	_____	_____



ROUTINE

1. How many hours a day is your dog left alone? Weekdays: _____ Saturday: _____ Sunday: _____
2. Does your dog have free access to the home?
When left alone? Yes No When someone is home? Yes No
3. When left alone, does your dog bark? Yes No Sometimes
4. Is your dog restricted from certain rooms in the home? Yes No Sometimes
5. Is your dog allowed on the furniture? Yes No Sometimes
6. Where does your dog sleep? _____
7. What type of collar is used for walking your dog? Flat Check Chain Check cloth
Pinch Promise collar Halti or Gentle Leader other: _____
8. Does your dog pull on the leash while walking? Always Frequently Rarely Never
9. While walking on lead, how does your dog react to:
Other dogs: _____
Adults: _____
Children: _____
Cyclists: _____
Cats, squirrels, etc.: _____
Vehicles: _____
Other: _____
10. How often is your dog walked? Per day _____ Per week _____ Duration of walks _____
11. What are your dog's other outdoor activities?

12. What is your dog's favourite toy? _____
13. Do you brush your dog? Yes No Sometimes How often? _____
14. Are your dog's teeth cleaned? Yes No Sometimes How often? _____
By: You Groomer Vet
15. Are your dog's nails clipped? Yes No Sometimes How often? _____
By: You Groomer Vet
16. Are your dog's ears cleaned? Yes No Sometimes How often? _____
By: You Groomer Vet
17. What snacks/treats do you give your dog? _____
18. Is there anything else you would like us to know about your dog?



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MEMBER INFORMATION

Dog's Name: _____

Owner: _____

Address: _____

City: _____ Postal Code: _____

H. Phone: _____ W. Phone: _____

Cellular: _____ Pager: _____ E-mail: _____

Who else may be allowed to drop off and/or pick up your dog? _____

Home: _____ Work: _____ Cellular: _____ Pager: _____

VISA Number: _____ Expiry: _____ Photocopy attached? Yes No

MASTER CARD Number: _____ Expiry: _____ Photocopy attached? Yes No

Your VET: Name: _____ Phone: _____

Address: _____ File Number: _____

Micro chipped? Yes No Number: _____

Municipal License? Yes No Number: _____

VACCINATIONS: Certificate Photocopy attached? Yes No

MANDATORY: rabies distemper hepatitis parainfluenza parvovirus bordetella
fecal exam flea control heartworm

RECOMMENDED: coronavirus (Mandatory for puppies) leptospirosis giardia

Do you live in a: single home townhouse apartment farm

Is your backyard completely fenced? Yes No

How many people live in your home? adults _____ teenagers _____ children _____

Are there other pets in the home? Yes No

Please list: _____