



For the Dog in Your Life.™

Date: / /

PUPPY PLAYPEN APPLICATION

Dog's Name: _____

Owner: _____

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

2. Date of birth: _____ Age: _____

Sex: Male Neutered Female Spayed

3. How old was your puppy when you got him/her? _____

4. Does your puppy have any health problems? Yes No

If yes, please describe: _____

5. Is your puppy on any medication? Yes No If yes, for what condition and what dosage:

6. What food are you feeding your puppy? _____

7. What are your puppy's meal times? _____

8. What treats/snacks do you give your puppy? _____

9. Does your dog use a crate? Yes No

10. Are you training your pup to be: House broken Paper trained Both

11. How does your dog indicate to go out for bathroom? _____

12. Is your pup allowed on the furniture? Yes No Sometimes

On the bed? Yes No Sometimes

13. Where does your puppy sleep? _____

14. Is your puppy taking obedience classes? Yes No

15. Is there anything else you would like us to know about your pup? _____



For the Dog in Your Life.™

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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: _____