



## Daycare Application

### Owner's Information

Name: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_

### **EMERGENCY CONTACT INFORMATION/OTHERS AUTHORIZED TO PICK UP PET:**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

How did you hear about Gone To The Dogs Daycare? \_\_\_\_\_

### Dog's Information

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

Color: \_\_\_\_\_ Approximate Weight: \_\_\_\_\_ Approximate Age: \_\_\_\_\_

Gender (*circle one*): Male Female Neutered Spayed

MUST BE AT LEAST 6 MO OLD

How long have you owned your dog? \_\_\_\_\_

Where did you get your dog (i.e. rescue, pet store, breeder)? \_\_\_\_\_

If your dog is adopted, do you have knowledge of your dog's past history?  YES  NO

If yes, please describe history: \_\_\_\_\_

Has your dog ever been to daycare before? \_\_\_\_\_

If so, when and where? \_\_\_\_\_

Has your dog ever been kicked out of daycare? \_\_\_\_\_

If so, why? \_\_\_\_\_

Where does your dog stay when you are not home? \_\_\_\_\_

### **Training**

Is your dog crate trained? \_\_\_\_\_

Has your dog received any formal obedience training? \_\_\_\_\_

If yes, when and where? \_\_\_\_\_

List the obedience commands your dog knows:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Does your dog have a potty command? \_\_\_\_\_ If yes, what? \_\_\_\_\_

Does your dog have a quiet command? \_\_\_\_\_ If yes, what? \_\_\_\_\_

### **Behavioral History**

*Please circle the following behaviors that apply to your dog:*

Chews excessively    YES   NO    High Jumper    YES   NO    Toy Possessive    YES   NO

Runs away    YES   NO    Digs    YES   NO    Stool eater    YES   NO

Obeys commands    YES   NO    Jumps Up    YES   NO    Escapes    YES   NO

People Possessive    YES   NO    Picky Eater    YES   NO    Separation Anxiety    YES   NO

Dog Aggressive	YES NO	Shy	YES NO	Food Aggressive	YES NO
Barks Excessively	YES NO	Soils House	YES NO	Unruly	YES NO
Submissive	YES NO	Independent	YES NO	Aggressive	YES NO
Overly Submissive	YES NO	Playful	YES NO	Fearful/Nervous	YES NO
Active	YES NO	Reactive	YES NO	Stubborn	YES NO
Calm	YES NO	Friendly	YES NO	Protective	YES NO

How does your dog behave around strangers? \_\_\_\_\_

Does your dog jump on people? \_\_\_\_\_ If so, when? \_\_\_\_\_

Does your dog growl at people? \_\_\_\_\_ If so, when? \_\_\_\_\_

Does your dog show teeth? (i.e. smiles) \_\_\_\_\_

Are there any kinds of people your dog automatically fears or dislikes (i.e. children, men, people in hats, etc.)? \_\_\_\_\_

Are there any kinds of dogs that your dog automatically fears or dislikes?  
\_\_\_\_\_

How does your dog react to other dogs? \_\_\_\_\_

Does your pet engage in any unusual or repetitive behaviors? \_\_\_\_\_

If yes, please explain: \_\_\_\_\_

Has your pet ever bitten a person? \_\_\_\_\_ If yes, explain: \_\_\_\_\_  
\_\_\_\_\_

Has your pet ever bitten another dog? \_\_\_\_\_ If yes, explain: \_\_\_\_\_  
\_\_\_\_\_

Has your dog ever jumped or climbed a fence? \_\_\_\_\_ If so, how high was the fence? \_\_\_\_\_

How many times a week is your dog walked? \_\_\_\_\_

How long are the walks? \_\_\_\_\_

How does your dog react to other dogs approaching when you're on a walk?

On lead: \_\_\_\_\_

Off lead: \_\_\_\_\_

Has your dog ever had off-leash playtime with other dogs? \_\_\_\_\_

Which kinds of dogs does your dog play best with? (*circle all that apply*)

Big Dogs

Little Dogs

Female Dogs

Older Dogs

Puppies

Male Dogs

Does your dog prefer play with humans or other dogs? \_\_\_\_\_

Does your dog play with toys? If so, what kind and what games do you play? \_\_\_\_\_

\_\_\_\_\_

Have you ever tried to take food or toys away from your dog? If so, what happened? \_\_\_\_\_

\_\_\_\_\_

Is your dog frightened by any noises? \_\_\_\_\_ If so, what noises? \_\_\_\_\_

\_\_\_\_\_

Is your dog frightened or nervous about anything else? \_\_\_\_\_

### **Health Information**

Veterinarian's Name: \_\_\_\_\_ Clinic Name: \_\_\_\_\_

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

Clinic Phones: \_\_\_\_\_ Clinic Fax: \_\_\_\_\_

Does your dog have any restrictions on activities or movement? If yes, please explain: \_\_\_\_\_

\_\_\_\_\_

Does your dog have any old or current health concerns (hip dysplasia/seizures/allergies/ACL problems, injuries, etc.)? \_\_\_\_\_

\_\_\_\_\_

Are there any sensitive areas on your dog's body, or areas your dog doesn't like to be touched?  
If so, where? \_\_\_\_\_

Date of last physical exam? \_\_\_\_\_

Date of DHLPP or Titer: \_\_\_\_\_ (bring Vet record)

Date of Rabies Vaccination: 1 year \_\_\_\_\_ or 3 year \_\_\_\_\_ (bring Vet record)

Date of Bordetella Vaccination: \_\_\_\_\_ (bring Vet record)

Date of Last Fecal Exam: \_\_\_\_\_ (bring Vet record)

Flea & tick prevention: (topical, oral, wholistic) \_\_\_\_\_

Brand : \_\_\_\_\_

Date of Last Heartworm Test: \_\_\_\_\_ Type of prevention: \_\_\_\_\_

Is your dog on any medication(s)? if so, please list the medications and reason(s) for administration: \_\_\_\_\_

\_\_\_\_\_

Does your dog have any known allergies? If so, please list: \_\_\_\_\_

\_\_\_\_\_

### **Feeding or Treats Information**

Will your dog require feeding or treats during the Daycare stay? \_\_\_\_\_

If Yes, bring these items with specific instructions.

### **Medications**

Is your dog on any medication that Daycare would be required to administer? \_\_\_\_\_

If Yes, please fill out the Medication Form.

Signature here: --- \_\_\_\_\_

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