

# Pawdners Doggy Daycare LLC

## Daycare Application Form

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

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

Home Phone: ( ) \_\_\_\_\_ Work: ( ) \_\_\_\_\_ Cell: ( ) \_\_\_\_\_

Email: \_\_\_\_\_

How did you hear about Pawdners? \_\_\_\_\_

### **EMERGENCY CONTACT:**

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

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

Home Phone: ( ) \_\_\_\_\_ Work: ( ) \_\_\_\_\_ Cell: ( ) \_\_\_\_\_

### **VETERINARIAN:**

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

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

### **PET INFORMATION:**

Name: \_\_\_\_\_ Sex: M / F

Spayed/Neutered Y / N

Age: \_\_\_\_\_ Birthday (if known) \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Breed: \_\_\_\_\_

Color(s): \_\_\_\_\_ Weight: \_\_\_\_\_

Micro Chip Y / N # \_\_\_\_\_

Feeding schedule: \_\_\_\_\_

Brand and type of food: \_\_\_\_\_

Is your dog allowed to have treats? Y / N

If yes, what type? \_\_\_\_\_

Where did you get your dog? \_\_\_\_\_

How long has your dog lived with you? \_\_\_\_\_

If you have not had him/her since puppy hood, what do you know of his/her prior history?

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

Are there other animals in the household? (Species/breed/age)

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

What is the makeup of your household?

Adult males \_\_\_\_\_ Adult females \_\_\_\_\_

Children (ages) \_\_\_\_\_

Which family member is your dog most fond of? \_\_\_\_\_

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

Please describe your dogs overall temperament: \_\_\_\_\_

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

How does your dog react to other dogs?

Generally: \_\_\_\_\_

Inside your home: \_\_\_\_\_

Has your dog ever participated in play at a dog park Y /N

If yes how did he/she react with the other dogs? \_\_\_\_\_

How does your dog react to strangers? \_\_\_\_\_

Are there any kinds of people he/she automatically fears or dislikes? Y /N

If yes describe: \_\_\_\_\_

Are there any kinds of dogs that he/she automatically fears or dislikes? Y / N

If yes describe: \_\_\_\_\_

Has your dog ever bitten someone? Y / N

If yes describe: \_\_\_\_\_

Has your dog ever been in a fight or bitten another dog? Y / N

If yes describe: \_\_\_\_\_

Has your dog ever escaped or attempted to escape by digging, jumping or climbing fences? Please circle all that apply.

If yes describe: \_\_\_\_\_

Does your dog jump on people? Y / N

If yes describe: \_\_\_\_\_

Do you walk your dog? Y / N

How often? \_\_\_\_\_ Distance: \_\_\_\_\_

What other exercise does your dog receive?

\_\_\_\_\_

How often: \_\_\_\_\_

What known behavioral problems does your dog have? \_\_\_\_\_

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

If yes describe:

Describe how you would calm the dog during this situation: \_\_\_\_\_

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Is your dog house broken or crate trained? Y / N

Does your dog play with toys? Y / N

If yes what kind? \_\_\_\_\_

Is your dog toy possessive? Y / N

Describe: \_\_\_\_\_

Has your dog shared toys/food/water with other dogs before? Y / N

Were there any problems? \_\_\_\_\_

Has your dog ever played on playground or agility equipment before? Y / N

Do you feel that play equipment would be inappropriate for your dog? Y / N

Describe: \_\_\_\_\_

Does your dog prefer a particular sex of dog?

Describe: \_\_\_\_\_

Has your dog ever received any formal training? Y / N

Describe: \_\_\_\_\_

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When and where? \_\_\_\_\_

Does he/she know any cues? (Commands) Y / N

List: \_\_\_\_\_

What special cues does your dog know? \_\_\_\_\_

Bathroom cue: \_\_\_\_\_ Quiet cue: \_\_\_\_\_

Play cue: \_\_\_\_\_

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

\_\_\_\_\_

How does he/she react when you return? \_\_\_\_\_

\_\_\_\_\_

Does your dog have any health concerns that you are aware of? Y / N

Describe: \_\_\_\_\_

\_\_\_\_\_

Does your dog have any medical restrictions for activities? Y / N

Describe: \_\_\_\_\_

Is your dog currently on any medication? Y / N

Describe: \_\_\_\_\_

Does your dog have allergies? Y / N

Describe: \_\_\_\_\_

Does your dog like to be brushed? Y / N

How often is he/she brushed? \_\_\_\_\_

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?

Y / N

Describe: \_\_\_\_\_

Does your dog have a special place that he/she likes to be petted or rubbed? Y / N

Describe: \_\_\_\_\_

Does your dog receive flea and tick prevention? Y / N

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

Frequency: \_\_\_\_\_

Is there anything else that you believe we should know about your dog? \_\_\_\_\_

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What do you expect your dog will gain from participating in Daycare?

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When would you like to start? \_\_\_\_\_