
I understand that, at 6 months, spaying/neutering is required.

Initial:

Microchip: Y / N #:

Vaccination Expiration Dates: (please provide hard copy)

Bordatella

Canine Influenza

Distemper

Rabies

What type of flea prevention treatment does your dog use?

When does the flea treatment expire?

If fleas are found on your dog, we will give them a flea bath at a charge of \$25.

Initial:

Does your dog have any health concerns or medical restrictions that you know of? Y / N

If yes, describe:

Is your dog currently on any medication? Y / N

Medications list:

Feeding Schedule:

Brand & Type of Food:

Is your dog allowed to have treats during the day? Y / N Food Allergies? Y / N

If yes to food allergies, explain:

How long have you had your dog?

From Where?

Any other animals in the household: Y / N

Species/Breed/Age:

Which human gender is your dog most fond of? M / F

Please describe your dog's overall temperament:

How does your dog react to other dogs, generally?

How does your dog react to strangers?

Are there any kinds of dogs your dog 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 tried to escape by digging, jumping or climbing fences? Y / N

If yes, describe:

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

If yes, describe:

How would you calm your dog in this situation?

Is your dog possessive over toys? Y / N

Is your dog crate trained? Y / N

Is your dog allowed outside walks during daycare? Y/N

Has your dog been in daycare before? Y/N

Where?

What are your expectations from bringing your dog to daycare?

Signature:

Date:
