



**DOG DAYCARE APPLICATION FORM**

How Did you Hear About All Access Doggy Daycare and More? \_\_\_\_\_

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

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

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

Home Phone ( ) \_\_\_ - \_\_\_\_\_ Work Phone ( ) \_\_\_ - \_\_\_\_\_ .Cell ( ) \_\_\_ - \_\_\_\_\_

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

**If we can't get in touch with you who can we call?**

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

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

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

**Veterinarian**

Name: \_\_\_\_\_ Phone ( ) \_\_\_ - \_\_\_\_\_

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

**Pet Information**

Name: \_\_\_\_\_ Sex: M / F Spayed/Neutered Y / N Age: \_\_\_\_\_

Birthday: \_\_\_\_\_ Breed: \_\_\_\_\_ Color: \_\_\_\_\_ Weight: \_\_\_\_\_

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

Feeding Schedule: \_\_\_\_\_

Brand and Type of Food: \_\_\_\_\_

If you have not had him/her from puppy hood, What do you know of its prior history?

\_\_\_\_\_

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

\_\_\_\_\_

How does your dog react to other dogs? (Generally)

\_\_\_\_\_

Has your dog every 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? \_\_\_\_\_

Has your dog ever bitten a person? 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? Y / N

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

Does Your dog have any known behavioral problems we need to be aware of (noise sensitivity, frequent urination etc)? \_\_\_\_\_

\_\_\_\_\_

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

\_\_\_\_\_

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

Does your dog play with toys? Y / N

What kind? \_\_\_\_\_

Is your dog possessive with toys? 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

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

If so are there any special commands we should be aware of ?

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

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

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Does your dog have any medical restrictions on his/her activities? Y / N

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

Is your dog currently on any medication? Y / N

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

Does your dog have any allergies? Y / N

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

Does your dog receive flea and tick preventative? Y / N Brand: \_\_\_\_\_ Type: \_\_\_\_\_

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

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

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