

APPLICATION FOR DOGGY DAYCARE

Client Name	
Address	
Home Phone	
Work Phone	
Cell Phone	
Email	
Dogs Name	
Breed/Sex/Date of Birth	
Date you acquired dog	
If Adopted, do you have any knowledge of your dog's history?	
Does your dog like children? How does he behave?	
Are there other pets in your household? What type/age/sex?	
Does your pet have problems with the following: Fleas Allergies Arthritis Hip Dysplasia	
How does your dog react to having his nails clipped?	

Does your dog have any sensitive area on his body?	
Is your dog afraid of any specific items or noise?	
How does your dog react to strangers coming into your house or yard?	
Does your dog ever bark or growl at anyone passing your house or yard?	
Are there any kind of people that your dog automatically fears or dislikes?	
How does your dog react to puppies?	
Has your dog ever growled at a person? If yes, what were the circumstances?	
Has your dog ever nipped or bitten anyone? What were the circumstances?	
Does your pet have problems with the following: <div style="margin-left: 100px;"> Mouthing Barking Jumping Other (Explain) </div>	
Does your dog share food or toys with other animals?	
Does your dog play with toys?	
Does your dog ever violently shake his toys?	

Does your dog ever tear the stuffing out of toys or tear apart other toys?	
Does your dog play with other dogs?	
Has your dog played with strange dogs off leash before?	
What formal obedience classes has your dog attended?	
What commands does your dog know?	
Other comments about your dog that you think might be helpful	