



Enrollment Form

Dog's Name: Owner's Name:
(list all)

Address: City: State: Zip Code:

Home Phone: Work Phone: Cell Phone:

E-mail Address:

Breed: Age: M/F: Neutered/Spayed:

Food Brand: Canned Dry Any Diet Restrictions? Yes No If yes, what are they?

Treats Okay? Yes No Notes:

Vet Clinic: Treating Veterinarian:

Emergency Contact: (other than yourself or spouse)

Relationship: Phone Number:

How often do you think you would like to use the Day Care service?

Has your dog ever been enrolled in day care before? Yes No If yes, where?

Vaccination Medical History

Rabies Due: DHLPP Due: Bordatella Due: Health Certificate Provided? Yes No

Annual Giardia Test? Yes No Annual Heartworm Test? Yes No If yes, what brand of preventative? Sentinel Interceptor Heartgard Other

Flea & Tick Medication? Yes No If yes, what brand of preventative? Sentinel (fleas) Advantage (fleas) Revolution (fleas) Top Spot (ticks & fleas) Flea & tick Other

List any known allergies:

Anything Contagious? Yes No If yes, what?

Describe any medical/health issues we need to be aware of (heart/hip problems, seizures, etc.)

Your pet will not be released to anyone but you if this section is not completed

Is anyone else allowed to pick up or drop off your pet? Yes No If yes, name of authorize?

Drop off Days: Mon. Tues. Wed. Thurs. Fri. Microchip Number

Drop off Time: AM PM Pickup Time: AM PM Brand

Signature Date