



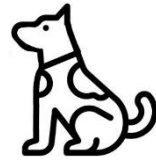
Daycare Intake Form

Dana's Dogs LLC

(319) 427-2170

500 W Cherry St. Salem, IA 52649

www.DanasDogsLLC.com



Name of Pet: _____

Birthday/Age _____

My dog is a: Neutered Male Spayed Female Intact Male Intact Female

Breed of dog _____ Parent(s) Name(s): _____

Address: _____

Phone Number in case of emergency: _____

Drop-off Day and Time _____ Pickup date and time _____

Name and town of Veterinarian _____

Will Dana's Dogs be feeding your dog during their visit? Yes No Treats Only

if yes, complete below information

Food and Medications:

How many times per day does your dog eat? 1 2 3 free feed

What is the serving size of food? _____ cup(s)

Does your dog have any allergies we need to be aware of? Yes No If yes, what _____

Is Dana's Dogs administering medication to your dog? Yes No If yes, please write medication name, dose and schedule _____

Temperament: (circle all that apply)

Has your dog ever shown aggression around: Other Dogs Children Food Toys None

Are there any behaviors we need to be aware of? (example: escape artist, digger, eats blankets, scared of storms, etc.) _____

How did you hear about Dana's Dogs LLC? _____

Signature _____ Date _____

*Dana's Dogs is not responsible for any items lost, destroyed or damaged.

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www.DanasDogsLLC.com

Thank you!