



**Out 'N About Dog Daycare & Boarding, Inc.**

**Application Page 1**

**Owner Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Cell:** \_\_\_\_\_ **Work:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**Emergency Contact (should we not be able to contact owner):**

**Name:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Veterinarian:** \_\_\_\_\_ **Vet Phone:** \_\_\_\_\_

**Dog Name:** \_\_\_\_\_ **Breed/Color:** \_\_\_\_\_

**Age/Date of Birth:** \_\_\_\_\_ / \_\_\_\_\_ **Spayed/Neutered?** \_\_\_\_\_

**How long have you owned your dog?** \_\_\_\_\_

**Where did you obtain your dog?** \_\_\_\_\_

**If adopted or rescued, do you have knowledge of your dog's history?** \_\_\_\_\_

**Does your dog have any pre-existing medical conditions, injuries, or allergies? (hip dysplasia, ACL tear, etc.) or physical limitations we should be aware of:** \_\_\_\_\_

**Is your dog currently on any medication?** No \_\_\_\_\_ Yes \_\_\_\_\_

**If yes, you must fill out and sign the Medication Form and have it on file before you leave your pet in our care.**



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**Application Page 2**

Has your dog ever attended daycare or dog park? If so, where? \_\_\_\_\_

Are there any situations your dog automatically dislikes or fears? (fireworks, thunderstorms, etc.) \_\_\_\_\_

Has your dog ever growled at or bitten a person or another animal? If so, what were the circumstances? \_\_\_\_\_

Is your dog possessive with food, toys, or objects? \_\_\_\_\_

Is your dog sensitive about any parts of its body? (paw, tail, etc.) \_\_\_\_\_

What's your dogs training history? (Puppy Kindergarten, trainer, trained yourself, other) \_\_\_\_\_

Has your dog ever jumped a fence? If so, what kind and how high? \_\_\_\_\_

Are there any other needs or issues you feel we should be aware of? \_\_\_\_\_

Owner's Signature: \_\_\_\_\_ Date: \_\_\_\_\_