

Enrollment Form

General Information:

Dog's Name _____ Owner's Name (list all) _____
Address: _____ City: _____ St: _____ Zip: _____
Home Phone: _____ Work: _____ Cell: _____
Email 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 _____
Vet Clinic: _____ Treating Veterinarian: _____
Emergency Contact (other than yourself or spouse) _____
Relationship: _____ Phone # _____
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: _____ Distemper due: _____ Bordatella due: _____
Leptospirosis due: _____ Health Certificate Provided: Yes _____ No _____
Annual Giardia Test? ☐ Yes ☐ No
Yearly Heartworm Test? ☐ Yes ☐ No
If yes, what brand of preventative? ☐ Sentinel ☐ Interceptor ☐ Heartgard ☐ Other _____
Flea and Tick Medication? ☐ Yes ☐ No
If yes, what brand of preventative? ☐ Sentinel (fleas) ☐ Top Spot (ticks & fleas)
☐ Advantage (fleas) ☐ Flea & Tick Collar ☐ Revolution (fleas) ☐ 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.)

Is anyone else allowed to pick up or drop off your pet? ☐ Yes ☐ No
If yes, name of authorized person: _____
(Your pet will not be released to anyone but you if this section is not completed.)
Drop off days: Mon _____ Tue _____ Wed _____ Thu _____ Fri _____
Drop off time: _____ am/pm Pickup time: _____ am/pm
Microchip number _____ Brand _____

Signature

Date