

Doggie's Day Out of Palm Springs

Boarding and Off-Leash Play Application



We love dogs and want your dog to love coming to our Doggie Daycare and Boarding facility! No one knows your dog better than you, so we appreciate you taking the time to fill out this application. The more we know about the dogs in our care, the better we will be able to serve you and your pet.

Owner's Name:	Today's Date:
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Dog Information

ONE application per dog. Please be as detailed as possible while filling out the application.
DO NOT leave any question blank, your application will be deemed **INCOMPLETE!**

Dog's Name:	Breed:	Weight:
Male or Female?	Color:	
Dog's Date of Birth (REQUIRED) – Can be estimated if needed.	Is your pup spay/neutered? <input type="checkbox"/> Yes <input type="checkbox"/> No – DAYCARE guests <u>MUST</u> be spay/neutered by 9 months old. IF NO: When do you plan on spay/neutering: _____	
How long have you owned your dog?		
Where did you get your dog? <input type="checkbox"/> Breeder <input type="checkbox"/> Animal Shelter <input type="checkbox"/> Friend <input type="checkbox"/> Found as Stray <input type="checkbox"/> Other _____	What knowledge do you have of your dog's history that you feel is most important for us to know?	
Why are you considering our Doggie Daycare program for your dog? (check all that apply) <input type="checkbox"/> N/A – BOARDING ONLY . We <u>DO NOT</u> want dog any interaction. <input type="checkbox"/> Training with Fernando (Please only check if you have been in contact with Fernando already) <input type="checkbox"/> Play with other dogs <input type="checkbox"/> So not home alone <input checked="" type="checkbox"/> CHECK IF <input type="checkbox"/> dog exhibits symptoms of separation anxiety <input type="checkbox"/> Recommended by other pet professional (trainer, vet, etc.); Reason: _____		
Has your dog ever scaled or jumped a fence? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Is your dog able to scale a 6' fence? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Has your dog had any problems previously in an off-leash social environment? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, (check all that apply) <input type="checkbox"/> Altercation or fight at a public dog park <input type="checkbox"/> Altercation or fight with a neighbor or friend's dog <input type="checkbox"/> Fearful reaction in a group of dogs <input type="checkbox"/> Dismissed from a prior dog day care or social playgroup program (<u>complete following question on next page</u>)		

If you answered **YES** that your dog was dismissed from a prior program, what reason were you given as to why your dog was dismissed?

Check each statement below that applies to the situation that resulted in your dog's dismissal.

- My dog was injured, no medical treatment
- My dog was injured and required medical treatment
- Another dog was injured, no medical treatment
- Another dog was injured and required medical treatment
- A person was injured, no medical treatment
- A person injured and required medical treatment

Provide any other comments you want us to know about this situation.

Health History

Please describe your dog's flea/tick control and prevention program (if any):

Does your dog have any physical disabilities? Yes No

Please explain disability & cause: _____

If you answered yes, what restrictions need to be placed on your dog's activities or movements?

- No jumping
- No running
- No hard play
- No water play
- No contact with other dogs

Does your dog have any medical conditions OR food allergies/sensitivities? Yes No

If yes, please explain:

If medication is used to control the condition, please provide name and dosage:

Provide details of your dog's diet:

TYPE (kibble, canned, raw/natural/prescribed by vet):

BRAND (required):

Please provide exact Brand, Flavor, Specific Diet (ex. Adult, Puppy, Weight Loss, Sensitive Skin/Stomach)

ADDITIVES (please provide amount): Fish oil: _____ Supplements: _____

AMOUNT OF FOOD GIVEN AND FEEDING SCHEDULE: _____

AM

Lunch

PM

Does your dog have any bathroom-related issues or concerns? Yes No

If yes, please explain:

Does your dog have any sensitive areas on his/her body? Yes No

If yes, where, and how do they react?

Household Information

Do you have any other pets in your household? Yes No

If yes, what kind, and do they get along?

<p>Do visitors bring their dog(s) to your house? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, how do they get along?</p>
<p>How does your dog react to a stranger coming into your home or yard?</p>
<p>Has your dog ever shared his/her food or toys with other animals? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If no, how does your dog react to another dog approaching his/her food or toys?</p>
<p>What kind of a collar do you use to walk your dog?</p> <p><input type="checkbox"/> Buckle <input type="checkbox"/> Nylon/Chain Choke Collar <input type="checkbox"/> Harness <input type="checkbox"/> Head Collar <input type="checkbox"/> Prong/Pinch <input type="checkbox"/> Other:</p>
<p>Has your dog ever gotten away from you or anyone while out for a walk? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, please explain circumstances:</p>
<p>Is your dog crate trained? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>How does your dog act in a crate/kennel?</p>
<p>Has your dog ever jumped up on someone? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, what were the circumstances?</p>
<p>How does your dog react when they are upset?</p>
<p>Does your dog have any problems in any of the following areas?</p> <p><input type="checkbox"/> Mouthing _____</p> <p><input type="checkbox"/> Housetraining: _____</p> <p><input type="checkbox"/> Barking: _____</p> <p><input type="checkbox"/> Digging: _____</p> <p><input type="checkbox"/> Ignoring commands: _____</p>

Dog Behavior Information

<p>Has your dog ever bitten a person? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, what were the circumstances and how did you respond, any injuries?</p>
<p>Has your dog ever bitten another animal? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, what were the circumstances and how did you respond, any injuries?</p>
<p>How would you describe the energy level of your dog?</p> <p><input type="checkbox"/> Low <input type="checkbox"/> Medium <input type="checkbox"/> High</p>
<p>Has your dog ever chased or tried to chase a small animal? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, what were the circumstances?</p>

<p>Has your dog ever killed another animal (bird, rodent, small pets)? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, what were the circumstances?</p>
<p>Is your dog frightened by thunderstorms? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, how do they react?</p>
<p>Is your dog frightened or nervous around anything else? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain:</p>
<p>Does your dog ever bark or growl at people in public? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain:</p>
<p>Are there any types and/or breeds of dogs your dog seems to automatically fear or dislike? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please describe:</p>
<p>Is your dog food motivated? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>How does your dog react to another dog approaching him/her in public?</p>
<p>Is your dog leash reactive? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>Does your dog play with other dogs? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, which type? <input type="checkbox"/> Male and females <input type="checkbox"/> Only males <input type="checkbox"/> Only females Please describe size & temperament of the other dogs:</p>
<p>Does your dog play rough with other dogs? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>Does your dog play rough with humans? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>

<p>Please provide any other comments or information about your dog that you feel will be helpful:</p>

Thank you for the time you spent completing the application form! Please be sure you have filled out our **WAIVER** as well! Your next step is to email us your dog's vaccine records!

You may bring them in with the application and waiver OR email them to play@doggiesdayoutofps.com. We look forward to meeting you and your pup on their first day! Please let us know if you have any questions.

***PLEASE CONFIRM YOU ANSWERED EVERY QUESTION. YOUR APPLICATION WITH BE DEEMED INCOMPLETE IF ANY QUESTION IS LEFT BLANK**