

DOG DAYCARE APPLICATION FORM

YOUR NAME: _____

ADDRESS: _____ CITY _____ STATE _____ ZIP _____

CELL PHONE: () _____ WORK PHONE: () _____

EMAIL ADDRESS: _____

IN CASE OF EMERGENCY (CONTACT):

NAME: _____

ADDRESS: _____ CITY _____ STATE _____ ZIP _____

CELL PHONE: () _____ WORK PHONE: () _____

VETERINARIAN:

NAME: _____ PHONE: () _____

ADDRESS: _____ CITY _____ STATE _____ ZIP _____

PET INFORMATION:

NAME: _____ SEX: M / F SPAYED/NEUTERED: Y / N

AGE: _____ BIRTHDAY: _____ BREED: _____

COLOR: _____ WEIGHT: _____ MICROCHIP#: _____

FEEDING
SCHEDULE: _____

BRAND AND TYPE OF FOOD: _____

IS YOUR DOG ALLOWED TO HAVE TREATS? Y / N (WHAT TYPE)

HOW DOES YOUR DOG REACT TO OTHER DOGS?
(GENERALLY) _____

HAS YOUR DOG EVER BITTEN SOMEONE? Y / N

HAS YOUR DOG EVER BEEN IN A FIGHT OR BITTEN ANOTHER DOG? Y / N

DOES YOUR DOG PLAY WITH TOYS? Y / N

IS YOUR DOG TOY POSSESSIVE? Y / N

HAS YOUR DOG SHARED TOYS/FOOD/WATER WITH OTHER DOGS BEFORE? Y / N

ANY PROBLEMS? _____

HAS YOUR DOG EVER RECEIVED ANY FORMAL TRAINING? Y / N

WHERE AND WHEN? _____

DOES YOUR DOG HAVE ANY HEALTH CONCERNS THAT YOU ARE AWARE OF? Y / N

DESCRIBE: _____

DOES YOUR DOG HAVE ANY MEDICAL RESTRICTIONS ON HIS/HER ACTIVITIES? Y / N

DESCRIBE: _____

IS YOUR DOG CURRENTLY ON ANY MEDICATION? Y / N

MEDS: _____

DOES YOUR DOG HAVE ANY ALLERGIES? Y / N WHAT KIND? _____

DOES YOUR DOG RECEIVE FLEA AND TICK PREVENTATIVE? Y / N

BRAND: _____ TYPE: _____ FREQUENCY: _____

IS THERE ANYTHING ELSE YOU BELIEVE WE SHOULD KNOW ABOUT YOUR DOG? _____

AGGRESION AGREEMENT

Here at Barktown we want your dog to have the best experience possible and be able to socialize in a positive way. Our staff will always have open communication about your dog's behavior (good/bad), so that we can always do what best suits your dog as an individual.

Though, dogs will be dogs, we will not accept any aggressive behavior towards our staff or other dogs participating in the group play. If we feel your dog is too dangerous in this atmosphere, we will ask that the dog not participate in our daycare activities.

____ Yes, I agree and understand the above information

Sign: _____ Date: _____