



Welcome to Doggie Daycare!

Help us get to know your dog.

Basic Information

_____ Today's Date	_____ Dog Name
_____ Breed(s)	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female Altered? <input type="checkbox"/> Spayed <input type="checkbox"/> Neutered
_____ Color(s)	_____ Birthday
_____ Client Name	_____ Primary Phone Number
	_____ Secondary Phone Number

Who is authorized to drop off/pick up your dog?

Health and Behavior

Date aquired? _____ From where? _____
If adopted, do you know any history? _____

Is your dog sensitive to being touched? If so, where? _____
Any medical conditions, past or present (including food allergies)? _____

Has your dog ever had formal training? Yes No
Has your dog been to a doggie daycare before? Yes No
Has your dog been to a dog park before? Yes No
Please list any command words your dog responds to. _____

Has your dog ever shown signs of fear or aggression towards a human or another dog? If yes, please explain.

How did you hear about us? Facebook Instagram Google Friend/Client, if so who referred you?
