

Dog n' Suds Daycare In-Take Application

Date: _____ Dog Name: _____

OWNER INFORMATION:

Name: _____

Address: _____
_____ Postal code: _____

Home phone: _____ Work phone: _____

Cell phone: _____ Email: _____ Would you like newsletter by email YES / NO

DOG INFORMATION:

Breed: _____ Age: _____ Birth date _____

Sex: Male/Female Neutered: Yes/No

Emergency contact: _____ Phone: _____

Veterinarian: _____

How did you hear about DOG N' SUDS Daycare?

Friend _____ Name _____ Web _____ Other _____

PET HISTORY:

Where did you get your dog? (Breeder, shelter, pet store, home litter) _____

How old was your dog when adopted or purchased? _____

Does your dog dislike or fear any types of people? _____ Does your dog dislike or fear any dogs? _____

How many times a week is your dog walked? _____ How long are the walks? _____

Does your dog share toys with other dogs? _____ Has your dog ever growled or snapped at a person or dog? _____

Does your dog have off-leash play with other dogs? _____ How often? _____ How many dogs? _____ Groups of dogs? _____

Does your dog have any problems in the following areas:

Barking _____ House soiling _____ Digging _____ Mouth/Biting _____ Ignoring Commands _____

Are there any health problems we should be aware of:

Allergies _____ Vision problems _____ Hearing problems _____ Seizures _____ Hip or Elbow dysplasia _____

Recent surgeries _____ Other _____
