

WAGS N KISSES DAYCARE/BOARDING APPLICATION FORM

How did you hear about Wags N Kisses _____

Your name _____

Address: _____ City _____ State _____ Zip _____

Home Phone () _____ Email Address: _____

In Case of Emergency (contact)

Name: _____

Address: _____ City _____ State _____ Zip _____

Home Phone () _____ Work phone: () _____

Veterinarian:

Name: _____ Phone () _____

Address: _____ City _____ State _____ Zip _____

PET INFORMATION

Name: _____ Sex : M / F Spayed/Neutered Y / N

Age: _____ Weight _____ Micro Chip Y / N # _____

Feeding Schedule: _____

Brand and Type of Food: _____

Is your dog allowed to have treats? Y / N (if yes, what type) _____

Where did you get this dog? _____

How long have you had him/her? _____

If you have not had him/her from puppy hood, what do you know of his/her prior history?

Are there any other animals in the household? (species/breed/age)

What is the make up of your household?

Adult males _____ Adult females _____ Children/ages _____

Which Family member is your dog most fond of? _____

Which sex is your dog most fond of? M / F

Please describe your dogs overall temperament:

How does your dog react to other dogs?(General)

(Inside your home)

Has your dog ever participated in play at a dog park? Y / N

If yes how did he/she react with the other dogs?

How does your dog react to strangers?

Does your dog have any kinds of people he/she automatically fears or dislikes Y / N : If Yes please describe

Does your dog have any kinds of dogs he/she automatically fears or dislikes Y / N : if yes please describe

Has your dog ever bitten someone Y / N

If yes please describe: _____

Has your dog ever been in a fight with another dog? Y / N If yes please describe :

Has your dog ever escaped or attempted to escape by digging/jumping or climbing fences? Y / N If yes please describe :

Does your dog jump on people? Y / N

Do you walk your dog? Y / N How often? _____ Distance : _____

What other exercises does your dog receive? _____

What known behavioral problems does your dog have?

Does your Dog have a circumstance or situation that he/she is frightened of Y / N

Please describe:

Describe how you would calm the dog during this situation:

Is your dog housebroken / Crate trained / potty pad trained

Does your dog play well with toys? Y / N What kinds?

Is your dog toy possessive? Y / N Describe:

Has your dog shared toys/food/water with other dogs before? Y / N

Where there any problems?

Has your dog ever played on playground or agility equipment before? Y / N

Do you feel that play equipment would be inappropriate for your dog? Y / N

Has your dog received any formal training? Y / N

Where and When? _____

Does your dog know any commands? Y / N Describe:

What special commands does your dog know? Bathroom command: _____

Quiet Command: _____ Play command:

Other: _____

What do you do with him/her when you leave the home?

How does he/she react when you get home?

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 Describe type and doses:

Does your dog have any allergies? Y / N Describe:

Does your dog like to receive brushings? Y / N How often is he/she brushed? _____

How does your dog react to getting his/her nails clipped?

Does your dog have any areas on his/her body that he/she does not like to be touched? Y / N

Describe: _____

Does your dog have a special place that he/she likes to be petted or rubbed? Y / N

Describe:

Does your dog receive flea, tick, heart worm medication?

Brand _____ Type _____ Frequency:

Brand _____ Type _____ Frequency:

Brand _____ Type _____ Frequency:

Is there anything else that you believe we should know about your dog?

What is the Start and end date _____

I hereby provide the correct information about my Pet(s) to the best of my knowledge and give the permission of _____ to have key access to my house to provide animal care during the permitted times agreed upon in terms of agreement.

Signature _____

Printed Name _____