

Play-Care Application

About your dog

Dog's Name: _____

Breed: _____

Coloration: _____

Sex: Male Female

Age: _____

Spayed/Neutered: Yes No

How long has this dog lived with you? _____

Is the dog housebroken? Yes No

Has this dog ever been to a dog park?

May your dog have treats? Yes No

Yes No

Has this dog ever been in
doggy daycare? Yes No

If Yes, How often? _____

Commands this dog understands:

Owner's Info:

Owner's Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Email: _____

Phone: () _____ Secondary Phone: () _____

Medical History:

Vet Clinic Name (if not Allphin Veterinary Clinic):

Doctor's Name:

Is this dog current on all recommended vaccinations?

Yes

No

Is this dog on flea/tick preventative?

Yes

No

Type of prevention:

Has this dog had surgery in the last 30 days?

Yes

No

If yes what kind of surgery?

Other known medical issues/special needs:

List any medications/schedules for your dog:

Behavior:

Has this dog previously attended a doggy day care?

Yes No

Is this dog used to interaction with other dogs?

Yes No

Has this dog ever been rejected or asked not to come back to any day care?

Yes No

Has this dog ever bitten another person?

Yes No

Has this dog ever bitten another dog?

Yes No

Does this dog aggressively guard toys or food?

Yes No

If yes to any of the above, please explain:

Any known separation anxiety issues? Yes No

Dislikes/fears? Yes No

Please list: _____

Energy level (1=low/5=high): 1 2 3 4 5

Pet Owner's Signature: _____ Date: _____

By typing your name you are providing your electronic signature.