



Dog Daycare Information Sheet

Please fill out one form for each dog so that we may provide the best possible care for your pet

Owner's Name: _____

Dog's Name: _____ Circle one: Male / Female Circle one: Spayed / Neutered

Describe Collar: _____ Breed: _____

Colors/Markings: _____

Has your dog attended a boarding facility: Yes No If yes, where: _____

PET'S HEALTH RECORD

Please provide veterinarian records listing Vaccination Dates for Rabies, DHPPV, Parvo & Bordetella

Any known allergies, medical problems or restrictions:

Has your dog been ill with any communicable diseases in the past month: Yes No
If yes, please describe:

PLAYTIME:

Is your dog possessive of toys: Yes No

If yes, please list and describe:

Are there any special games your dog enjoys: Yes No

Please list and describe:

PERSONALITY:

Is it okay for your dog to play with other animals: Yes No

If yes, which breed or type of dog does your dog get along with:

If no, please explain why or what breed / type of dog:

Does your dog have any aggression toward other animals or people: Yes No
If yes, please describe:

Has your dog ever bitten or been bitten: Yes No
If yes, please describe:

Does your dog bark/whimper a lot: Yes No
Does your dog dig/scratch: Yes No
Does your dog get frightened easily: Yes No
Does your dog try to escape: Yes No

If yes, please describe all circumstances: _____

Where does your dog like/not like to be touched:

What commands does your dog know:

Sit Give Paw Stay Come Bedtime Time to eat

Other: _____

What is your dog's potty command: _____

Anything else we should know:

I have provided the above information as truthfully and accurately as possible.

Signature

Date