



Daycare and Boarding Application Form

Pet Information

Name _____

Age _____

Male/Female _____

Neutered/Spayed? _____

Breed _____

Colour or Markings _____

Birthday or day you celebrate it (MM/DD/YY) _____

Owner Information

Name(s) _____

Address(including postal code) _____

Phone number(s) _____ Alternate Phone number _____

Email _____

Emergency Contact Information

1. Name(s) _____

Phone number _____ Alternate Phone Number _____

2. Name(s) _____

Phone number _____ Alternate Phone Number _____

Veterinarian Information

Clinic Name _____

Phone Number _____

Do you see a specific vet at this clinic? If so, please name _____

Date of last vaccinations? _____ Was Bordetella given? _____

Does your pet have any medical conditions, and are they taking any medication? _____

Is your pet microchipped? _____

Are there any behavioural concerns that we should know about? We don't expect dogs to be perfect, but it is good to know as much as possible so we can effectively work with you to help your dog if necessary.

Has your dog been to an off-leash dog park? If so, did they enjoy it? _____

What are the main commands your dog responds to?

Is your dog capable of jumping a 6 foot fence? _____

Is your dog friendly, well socialized and enjoy the company of other dogs of different breeds and sizes?

Are there any potential triggers for aggression that we should know of? _____

Does your dog have any allergies or food sensitivities? _____

Would it be alright for us to occasionally give your dog healthy (grain-free) treats or snacks? We would only present treats at the right times to reinforce desired behaviours. _____

*** Please provide a copy of your pet's vaccination records when you submit the completed registration form**