

Howling Success K-9 Services Daycare Application Form

Name of owner: _____

Cell Phone _____ Work Phone _____

Email Address: _____

Veterinarian:

Name: _____ City _____

PET INFORMATION

Name: _____ Sex: M / F

Spayed/Neutered: Y / N

Age: _____ Birthday: _____

Breed: _____

Color: _____ Weight: _____

Feeding Schedule:

Brand and Type of Food:

Is your dog allowed to have treats? Y / N (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 its prior history?

Are there any other animals in the household?

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? (Generally)

(Inside your home)

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 describe:

Does your dog have any kinds of dog that he/she automatically fears or dislikes?
Y / N

If yes describe:

Has your dog ever bitten someone? Y / N
If yes describe:

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

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

Do you walk your dog? Y / N How often? _____
Distance? _____
What other exercise does your dog receive?

How often? _____
What known behavioral problems does your dog have?

Does your dog have a circumstance or situation that he/she is frightened of? Thunder?
Y / N
If yes describe:

Describe how you would calm the dog during this situation:

Is your dog housebroken or crate trained?

Does your dog play with toys? Y / N

What kind?

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

Describe:

Has your dog ever received any formal training? Y / N

Where and When?

Name of trainer: _____

Does your dog know any commands? Y / N

Describe:

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

Does your dog have any health concerns that you are aware of? Y / N

Describe: _____

Does your dog have any medical restrictions? Y / N

Describe:

Is your dog currently on any medication? Y / N

Describe:

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 receive flea and tick preventative? Y / N

Brand: _____ Type: _____

Frequency: _____

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

Signature

Date

Print Name

