

Daycare & Dog Walking Application Form



OWNER INFO

Client Name: _____
Email: _____
Address: _____
Cell #: _____ Alternate #: _____
EMERGENCY CONTACT: _____ Phone: _____

DOG INFO

Dog's Name: _____
Breed: _____ M / F _____ Spay / Neut. _____
Age: _____ Birthday: _____
What is main goal for your dog's attendance at daycare?
Dog socialization _____ human company _____ exercise _____ other _____
Do you have pet insurance? Yes _____ No _____ Provider: _____

MEDICAL INFO

Veterinarian: _____ Phone: _____
Health concerns: _____
Behaviour concerns: _____
Is your dog:
Up to date on vaccinations including Bordatella? Yes _____ No _____
On a flea/tick treatment? Yes _____ No _____ Product: _____
Food allergies: _____
Any medications: _____
Medical conditions: _____
Past injuries: _____
In the unlikely event of an injury, do you authorize Elora Doggy Daycare to take your dog to your veterinarian at your (the owner's) expense? Yes _____ No _____

Please sign here: _____

OVER →

PLEASE ANSWER THE FOLLOWING QUESTIONS:

Is your dog house trained? _____

Does your dog eliminate on: (circle all that apply) Grass Cement Asphalt Any surface

Has your dog ever been aggressive with other dogs? Yes _____ No _____

Has your dog ever been aggressive with people? Yes _____ No _____

Is your dog possessive of toys? Yes _____ No _____

Is your dog possessive of food / treats? Yes _____ No _____

RATE your dog's energy level "1" being mellow "10" hyper out of control

1 2 3 4 5 6 7 8 9 10

PLEASE NOTE: To ensure the safety of all dogs, your dog's temperament must first be assessed before being accepted into our daycare program.

_____ Yes, I have read the above and hereby state that the answers are true and correct. I also acknowledge that my dog is in good health without illness or injury upon acceptance to Elora Doggy Daycare.

Owner Signature: _____

Date: _____

Notes: _____
