

DAYCARE REGISTRATION & INFORMATION FORM



Name				Additional Parent Name			
Address			City			State	Zip
Phone1			Phone2			Phone 3	
Email							
Emergency Contact				Phone			
Who else is authorized to pick up your dog?							
How did you hear about us?							

Dog's Name			Breed			Birth Date			Male / Female
Weight			Color			Spayed/Neutered:	Yes / No		
Veterinarian					Phone				
Current on Vaccines?	Yes / No		*It is important to discuss the proper vaccine schedule with your vet based on your pet's age & health.						
Monthly Flea Treatment	Y / N		Is your dog allowed to have treats?			Y / N			
Does your dog have any allergies?	Y / N		Describe:						
Does your dog have any health concerns that you are aware of?			Y / N		Describe:				
Does your dog have any medical restrictions on his/her activities?			Y / N		Describe:				
Please describe your dog's overall temperament:									
How does your dog react to other dogs (generally)?									
Has your dog ever participated in play at a dog park?			Y / N						

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If yes, how did he/she react with other dogs?			
Does your dog have any kinds of dog that he/she automatically fears or dislikes?	Y / N	Describe:	
Has your dog ever bitten someone?	Y / N	Describe:	
Has your dog ever been in a fight or bitten another dog?	Y / N	Describe:	
Has your dog ever escaped or attempted to escape by digging, jumping, or climbing fences?	Y / N	Describe:	
What is your dog's behavior on leash/walks?			

By signing below I verify that: (please initial and sign)

- My dog is current on the vaccines recommended by my vet;
- My dog is treated with flea preventatives and free from fleas and other parasites;
- My dog is authorized to be taken on walks or to the dog park;
- My dog is healthy in body and mind to attend daycare.

X
