

Barks and Recreation Inc.

64 School Street Victor, NY 14564

585-924-3426

Pawz N' Play Doggie Daycare Enrollment Application

Owner Information:

Name: _____

Address: _____

E-Mail Address: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Pet Information:

Name: _____ Age/Birthday _____

Gender: _____ Breed: _____ Color: _____ Weight: _____

Emergency Contact:

Name: _____

Relationship to owner: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Individuals Authorized to pick up your pet. _____

Pet Personality Profile

How did you hear about Pawz N' Play Doggie Daycare? _____

Date you acquired your dog? _____ Age you acquired your dog? _____

Is your dog spayed or neutered? _____ If yes, at what age was this done? _____

Where did you get your dog? (Breeder, Rescue, Shelter, Pet Store, Other) _____

If adopted, do you have any knowledge of your dogs past history? _____

Has your dog ever been in a daycare environment? _____

Behavior History:

Are there other animals in your household? If so, please list type, sex and age of each: _____

Describe how your pet behaves with the other resident animals? _____

Does your dog act afraid of any specific items or noises? If so please explain: _____

How does your dog react to strangers coming into your home or yard? _____

Does your dog ever bark or growl at anyone passing outside your home or yard? _____

Does your dog like children? How does your dog behave around children? _____

How does your dog react to unfamiliar pets that come into your home or yard? _____

Are there any kids of people your dog automatically fears or dislikes? _____

How does your dog react to puppies? _____

Has your dog ever:

Growled at someone? _____ If yes, what were the circumstances? _____

Bitten someone Or another dog? _____ If yes, what were the circumstances? _____

Does your dog have any problems in the following areas: (If so please explain.)

Mouthiness: _____ Housetraining: _____

Barking: _____ Digging: _____

Jumping: _____ Separation Anxiety: _____

Fence Jumping/Escape Artist: _____ Chewing: _____

Leg Lifter: _____ Guarding Objects: (Toys, Food Ect. _____

Barrier Frustration (Leash, Fencing or other physical Barriers): _____

Other issues: _____

Has your dog ever shared toys or food with other animals? _____

Does your dog play with any toys? _____ If yes, what kind of toys does your dog like and what games does he/she play? _____

Has your dog ever visited a dog park? _____ If yes, please describe his/her interaction with other dogs: _____

Has your dog ever had formal obedience training? _____ If yes, when, where and what? _____

What commands does your dog know? Circle all that apply:

Sit Down Heel Wait Stay Off Up

Settle Come or Here Leave It Drop It Kennel Other

If other please explain _____

Is your pet crate trained? _____

Is your dog allowed on the furniture? _____ On the bed? _____

Other comments about your dog which you feel might be helpful: _____

Veterinarian Information:

Name: _____

Address: _____

Phone: _____

Does your pet currently take any medications or supplements? _____

If yes, please explain: _____

Will you require us to administer medications or supplements? _____ If yes, when and what are they?

Grooming and Health:

Does your pet have any problems with fleas or ticks? _____

Is your pet on flea/tick preventive medicine? Product used? _____

Does your pet have any of the following health issues? (Check all that apply) Joint problems _____

Hip Dysphasia _____ Allergies _____ Arthritis _____ Other _____ (please explain below)

If you checked any of the above, please briefly describe your pet's health issue: _____

Are there any restrictions to your pet's activities or movements that we should be aware of? _____

Does your pet have any sensitive areas on his/her body? _____

What areas of the body does your pet like to be petted or brushed? _____

Final Details:

Please detail any other information about your pet that you feel would be helpful or is important to the Daycare Counselors? _____

I certify that I have read and understand the conditions of the policies and procedures of the Center. That I have read and answered the above questions fully, honestly and to the best of my ability. I understand the conditions and statements of these agreements.

Date: _____ Owners Signature: _____