

**Shamrock Pet Resort
And
Sauk Prairie Small Animal Hospital
Application for Dog Daycare**

CLIENT'S INFORMATION:

Name _____ Date _____
Address _____ City _____ State _____ Zip _____
Home phone _____ Day phone _____ Cell _____
Additional phone _____ Email _____

DOG'S INFORMATION:

Dog Name _____ Breed _____ Age _____ Weight _____
Sex: __ M __ NM __ F __ SF Age when acquired? _____ How long have you had your dog? _____
From where did you get your dog? _____ Is your dog potty trained? _____

Is your dog (please check all that apply):

- Allowed to run free in the home: supervised unsupervised Crated when alone in home
 Allowed to run free in fenced yard: supervised unsupervised Free with shock collar
 Has jumped over fence in yard How high? _____
 Leashed walks only Outside unleashed, unfenced but supervised

Can your dog have treats? _____

Has your dog ever been on any agility equipment?

Does your dog play well with: male dogs female dogs large dogs small dogs cats

Is your dog possessive with: toys food other objects Please explain: _____

Has your dog ever shared his/her food or toys with other animals: Yes No

Has your dog ever growled or snapped at anyone taking away food or toys? No Yes If yes, please explain: _____

How does your dog react when strangers approach the home or yard or in public? _____

Is your dog afraid of any types of other dogs? Does your dog play off-leash with other dogs? Briefly describe: _____

How does your dog react to puppies? _____

Has your dog ever bitten someone or another dog? No An adult A child A dog Other
If yes, in what circumstances? _____

What is your dog's training history and with whom? (Please circle all that apply)

No training Trained yourself Group Puppy class Group Basic Obedience
Group Advanced Private: _____
Obedience titles/awards Agility Other: _____
Trained with whom: _____

Does your dog have any problems in the following areas (circle all that apply)

Tail Ears Mouth Paws Hips Nail trims

If problems, details: _____

What restrictions need to be placed on your dog's activities or movements? _____

Are there any other physical problems or disabilities which may affect them in daycare? _____

Are there any other issues we should know about, or you would like us to address? How much of a problem do you consider the behavior to be? (Very Serious, Serious, or Not Serious)

1. _____

2. _____

How much exercise is your dog presently getting? _____

What is the main reason you have chosen daycare for your dog? _____

Is there anyone else who is allowed to pick your dog up from daycare? _____

HEALTH AND TEMPERAMENT CERTIFICATION

I, _____, hereby certify that my dog _____ is in good health and has not been ill with any communicable diseases in the last 30 days. I further certify that my dog has not harmed or shown aggressive behavior toward any person or any other dog.

Vaccination due dates:

Distemper: _____ Leptospirosis: _____ Rabies: _____

Bordetella: _____ Fecal: _____

Flea & Tick Preventive (Type and due date): _____

Allergies: _____

Is your dog on heartworm pills? _____

Vaccines given by whom (written proof of vaccines given by veterinarian will be required)?

Signature of Owner

Date

Signature of SPSAH

Date