



**Daycare Application**

**Client Information**

Name \_\_\_\_\_  
Address \_\_\_\_\_ Home  
Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Email Address \_\_\_\_\_

Emergency Contact Person (If not same as above)

Name \_\_\_\_\_  
Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

**Pet Information** Dog's Name(s) \_\_\_\_\_

Breed(s) \_\_\_\_\_ Age(s) \_\_\_\_\_

Spayed/Neutered YES NO

How long have you owned your dog(s)? \_\_\_\_\_

Where did you get your dog(s)? \_\_\_\_\_

Do you have other pets in your home? (Types of pets) \_\_\_\_\_

How does your dog get along with other pets? \_\_\_\_\_

Has your dog ever bitten or growled at a person or another animal? \_\_\_\_\_

Is your dog frightened/nervous around people, other animals or noises such as thunderstorms/loud noises? \_\_\_\_\_

Is your dog protective of toys water bowls, bones, food, a person or another dog? \_\_\_\_\_

Can you remove an object from your dog's mouth without him/her growling or lifting their lip? \_\_\_\_\_

Does your dog have off leash play with other dogs? Please describe: \_\_\_\_\_

Does your dog have any pre-existing health conditions such as hip dysplasia knee injury or arthritis? If so, list restrictions: \_\_\_\_\_

Any allergies to food, grass, meds? \_\_\_\_\_

Is your dog currently on any medication? If so, please list ALL medications: \_\_\_\_\_

What flea/tick product is your dog currently on? \_\_\_\_\_

Please list any additional information that may be helpful about your dog(s): \_\_\_\_\_

**Daycare approved:** Yes  \_\_\_\_\_ No  \_\_\_\_\_