



Client Form

Your Information				
Name of Owner				
Home Address				
Contact No	Mobile	Home	Office	
Email				
Emergency Contact				
Contact 1 st			Name	Mobile
Contact 2 nd			Name	Mobile
Vet Information				
Name of Vet				
Address				
Contact No				

Your Dog Information (One form per dog please)

Name of Dog	Age	Date of Birth	
Breed		Sex	Male/Female
Medical History (if any)			
Medication (if any)			
Special Instruction/Information (if any)			

As owner of the above said dog, I hereby give consent for any emergency medical care as prescribed by a duly licensed veterinarian, This care may be given under whatever conditions are necessary to preserve life or well being of my dog.

Signature of Owner	Date	
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“Where Dogs Play All Day”



Your Dog Additional Information

Description		Please Circle	
1	Has your dog been in day care before?	Yes	No
2	Has your dog been socialized with other dogs?	Yes	No
3	Has your dog been socialized with men and women?	Yes	No
4	Is your dog aggressive on walk towards other animals?	Yes	No
5	Is your dog aggressive on walks towards stranger or people?	Yes	No
6	Is your dog on flea or tick treatment?	Yes	No
7	Has your dog been to training classes?	Yes	No
8	Please tick what applies to your dog?	Yes	No
Dog Aggressive		People Aggressive	
Chews		Digs	
Runs Away		Unruly	
High Jumper		Shy	
Toy Possessive		People Possessive	
Stool Eater		Picky Eater	
Others (If Any)		Jumps on people	
		Barks	
		Escapes	
		Disobedience	
		Separation Anxiety	
		House Soils	
9	Is there anything else that we need to know about your dog?		
10	How did you hear about us?		

-----For Staff Use Only-----

Rate Charges					
Full Day: \$		Half Day: \$		10 Days Package: \$	
Additional Dog Discount: \$					
Spayed/Neutered		Annual Vaccination		Flea/Tick Control Application	
Yes/No		Yes/No		Yes/No	
		Due Date:		Apply Date:	
Staff Name				Date	



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