

PETMOMMY DOG DAYCARE/BOARDING APPLICATION FORM

HOW DID YOU HEAR ABOUT PETMOMMY? _____

YOUR NAME _____

ADDRESS _____

HOME PHONE _____ WORK _____ CELL _____

EMAIL ADDRESS: _____

FACEBOOK: _____

IF WE CANT GET IN TOUCH WITH YOU WHO SHALL WE CALL/CONTACT?

NAME: _____

ADDRESS: _____

ANYONE ELSE FOR CONTACT? _____

VETERINARIAN

NAME OF BUSINESS: _____ PH _____

PET INFORMATION

NAME: _____ SEX M / F AGE: _____ SPAYED.NEUTERED Y / N

NAME: _____ SEX M / F AGE: _____ SPAYED.NEUTERED Y / N

NAME: _____ SEX M / F AGE: _____ SPAYED.NEUTERED Y / N

NAME: _____ SEX M / F AGE: _____ SPAYED.NEUTERED Y / N

BREED: _____ COLOR _____ CHIPEED Y / N # _____

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BREED: _____ COLOR _____ CHIPEED Y / N # _____

FEEDING SCHEDULE: _____

FOOD ALLERGIES/DISLIKES: _____

IS YOUR DOG ALLOWED TREATS? _____

WHERE DID YOU GET THIS DOG? _____

HOW LONG HAVE YOU HAD HIM/HER? _____

DO YOU KNOW OF ITS PRIOR HISTORY? _____

ARE THERE ANY OTHER ANIMALS IN THE HOUSEHOLD (SPECIES , BREED, AGE)

WHAT IS THE MAKEUP HOME ENVIRONMENT?

ADULT MALES _____ ADULT FEMALES _____

CHILDREN AGES _____

WHICH FAMILY MEMBER IS YOUR PET MOST FOND OF? _____

WHICH SEX IS YOUR DOG MOST FOND OF? _____

PLEASE DESCRIBE YOUR DOGS OVERALL TEMPERAMENT? _____

HOW DOES YOUR DOG REACT TO OTHER DOGS (GENERALLY) _____

INSIDE YOUR HOME? _____

HAS YOUR DOG EVER PARTICIPATED IN PLAY AT A DOG PARK? _____

HOW DOES YOUR DOG REACT TO STRANGERS? _____

ARE THERE ANY KINDS OF PEOPLE HE/SHE ATOMATICALLY FEARS OR DISLIKES?

WHAT ABOUT OTHER TYPES OF DOGS HE/SHE DISLIKES OR FEARS? _____

HAS YOUR DOG EVER BITTEN ANYONE OR OTHER ANIMAL? PLEASE DESCRIBE

DOES YOUR DOG JUMP ON PEOPLE? _____

DOES YOUR DOG TRY TO ESCAPE BY JUMPING, DIGGING OR CLIMBING FENCES?

DO YOU WALK YOUR DOG? _____ HOW OFTEN _____ HOW LONG _____

IS THERE ANY OTHER TYPE OF EXERCISE YOUR DOG RECEIVES?

DESCRIBE ANY BEHAVIORAL PROBLEMS OR ECCENTRICITIES YOUR DOG HAS

IS THERE ANY SITUATION/CIRCUMSTANCE THAT YOUR DOG SHOWS FEAR?

HOW DO YOU CALM YOUR DOG IN A FEARFUL OR ANXIOUS STATE?

IS YOUR DOG HOUSEBROKEN AND/OR CRATE TRAINED? _____

DOES YOUR DOG PLAY WITH TOYS? WHAT KIND?

IS YOUR DOG TOY POSSESSIVE? DESCRIBE

HAS YOUR DOG SHARED TOYS/FOOD/WATER WITH OTHER DOGS BEFORE?

WERE THERE ANY PROBLEMS? DESCRIBE

DOES YOUR DOG PREFER A PARTICULAR SEX OF DOG? DESCRIBE

HAS YOUR DOG RECEIVED ANY FORMAL TRAINING? DESCRIBE

DOES YOUR DOG KNOW ANY COMMANDS/TRICKS?

WHAT WORDS DO YOU USE FOR THE FOLLOWING:

BATHROOM COMMAND _____

QUIET COMMAND _____

STOP /BEHAVIORAL CORRECTION COMMAND _____

PLAY COMMANDS (IE FETCH...GET YOUR BALL) _____

WHAT DO YOU DO WITH HIM/HER WHEN YOU LEAVE THE HOME?

HOW DOES HE/SHE REACT WHEN YOU COME HOME?

DOES YOUR DOG HAVE ANY HEALTH CONCERNS YOU ARE AWARE OF?

DOES YOUR DOG HAVE ANY MEDICAL RESTRICTIONS ON HIS/HER ACTIVITIES

IS YOUR DOG CURRENTLY ON ANY MEDICATION? DESCRIBE:

DOES YOUR DOG HAVE ALLERGIES? WHAT CONDITIONS ARE THEY NOTICED?

DOES YOUR DOG LIKE BEING BRUSHED? _____

HOW DOES YOUR DOG REACT TO NAIL CLIPPING? _____

DOES YOUR DOG HAVE ANY AREA THAT DOES NOT LIKE TO BE TOUCHED?

DOES YOUR DOG HAVE A SPECIAL PLACE THAT HE/SHE LIKE TO BE RUBBED?

IS YOUR DOG ON A FLEA /TICK PREVENTATIVE? _____

BRAND _____ TYPE _____ FREQUENCY _____

IS THERE ANYTHING ELSE YOU BELIEVE WE SHOILD KNOW ABOUT YOUR DOG?
