**Debbie's Downtown Doggie Daycare**                                               Date _____
301 Pine St.                                                    Pet(s) name
Meadville, Pa 16335                                                1.
Ph: (814) 807-1818
Fax: (814) 807-1810                                                2.
debbiesdowntowndoggiedaycare.com
debbiesdowntowndoggiedaycare@gmail.com                            3.


**OWNER INFORMATION**

Parent: First name _____Last name _____

_____                _____

Phone : Home_____Cell_____Work_____

Cell_____Work_____

Address _____

Email Address _____

**Emergency Contact** (other than owner)

Name _____

Phone: Home _____Cell _____Work _____

**Other people authorized to pick up your dog.**     **Name(s) _____**

Security word _____(if needed)     _____

**Veterinarian**

Name _____

Address _____

Phone _____     Fax _____

**PET PROFILE**

Please take the time to answer all questions accurately for the safety of your pet and our handlers. Thank you!


Dogs Name _____DOB _____ Age _____ Sex _____

Breed _____ Color _____

Dog license # _____ Microchip # _____

Is your dog spayed/neutered ?   Yes    No                    At what age? _____

    *all dogs over 9 months must be spayed/neutered, exceptions may be discussed with management*

Is your dog on a flea and tick prevention regimen ?   Yes   No   What kind_____

Where did you get your dog? _____

If your dog was adopted/rescued/or not a puppy when you got him/her, what do you know about your dogs

past history? _____

_____

How old was your dog when you got him/her?_____ How long have you had him/her? _____

Does your dog take any medications?   Yes   No            Please list_____

Does your dog need medication administered while at daycare?        Yes   No

Type _____ Amount _____ How often _____

Reason for medication _____

Does your dog have any allergies?   Yes    No     Please list_____

May we give your dogs treats at daycare?     Yes   No

Is there anything we should not give your dog? _____

Does your dog have any past injuries or current conditions that require special attention?   Yes   No

Please list _____

Has your dog had any obedience training?   Yes   No   When _____   Where _____

What commands does your dog know? _____

Has your dog ever been to a daycare or dog park?   Yes   No          Were there any issues?   Yes   No

Please list _____

Do you have other pets in the home?   Yes   No          Does your dog get along with them?   Yes   No

Does your dog like children?          Yes   No

Does your dog like puppies?          Yes   No

Is your dog afraid of males/females?   Yes   No

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

_____

Does your dog have any type of people (uniforms), or dogs (large, small, color) or items, he/she automatically fears or dislikes?      Yes     No

Please list _____

Is your dog afraid of any loud noises (sirens, motorcycles, thunder etc).    Yes   No

Please list_____

What do you do to calm him/her?  _____

Does your dog have any issues in the following areas?
Excessive barking __ Jumping __ Potty training __ Overly protective __ Separation anxiety __ Mounting __
Mouthing/Nipping __ Prey drive __ Destructive (toys or objects) __ Fence climbing __ Escape artist __Digging __
Eating feces __ Eating objects __ Food aggression __ Toy aggression __
Other _____

Has your dog ever shown aggressive behavior toward     Small dogs __ Large dogs __ Adults __ Children __

Please explain _____

Has your dog ever bit or harmed another   Dog __     Adult __     Child __

Please explain _____

Has your dog ever growled or bit anyone who has taken food or toys away from him/her?   Yes   No

Please explain _____

Is your dog aggressive on a leash?   Yes   No

Does your dog get regular exercise (walks etc)    Yes    No

Has your dog ever played on playground or agility equipment before?    Yes   No

Do you feel play equipment would be inappropriate for your dog?     Yes   No

How often does your dog get to socialize/play with other dogs outside the household?
Never __   Occasionally __   Daily __   Weekly __

How does your dog react when meeting new dogs? _____

Does your dog have any sensitive areas of the body that he/she doesn't like petted/touched?   Yes   No

Please list _____

Does your dog like to be brushed?   Yes   No

How does your dog react to having his/her nails trimmed? _____

Is your dog house broken?    Yes    No

Does your dog have a favorite type toy or game he/she likes to play? _____

How would you describe your dogs personality? _____

_____

Other comments about your dog you feel would be helpful _____

_____

Is it ok to post pictures of your dog at daycare on our face book page?    Yes    No

How did you hear about us? _____

Thank you for taking the time to fill out our application. By signing below you agree that the information filled out above is accurate to the best of your knowledge.


Signature _____

Print _____                    Date  _____