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## CLUB BELLY RUB DOG DAYCARE APPLICATION

Date \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

Email: \_\_\_\_\_

Spouse/Partner Name: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Others authorized to pick up my dog: \_\_\_\_\_

**Pet's Name:** \_\_\_\_\_

**Sex:** Male Female

**Birthday:** \_\_\_\_\_ **Breed:** \_\_\_\_\_

**Color:** \_\_\_\_\_ **Weight:** \_\_\_\_\_

**Veterinarian:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Vaccinations (Date last given): (you can submit a printout from the vet instead)**

DHLPP \_\_\_\_\_

Rabies \_\_\_\_\_

Bordatella \_\_\_\_\_

Spayed/Neutered \_\_\_\_\_ If no, when is it scheduled? \_\_\_\_\_

**HOW DID YOU HEAR ABOUT CLUB BELLY RUB?**

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### **DOG PROFILE**

**How long have you owned your dog?** \_\_\_\_\_

**Where did you get your dog?** \_\_\_\_\_

**Do you have knowledge of your dog's past history?** Yes No

**If yes, please describe**

**Number of People in your household:** Adult males: \_\_\_\_\_ Adult females: \_\_\_\_\_

Children / ages: \_\_\_\_\_

**List other animals in your household:**

Species Breed Age Altered? Sex

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

How does your dog get along with other animals in your home?

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## HEALTH & GROOMING

**Does your dog have any medical problems or physical disabilities?** Yes No

**If yes, what restrictions need to be placed on your dog's activities?**

No jumping No running No hard play

Other (please describe) \_\_\_\_\_

**Is your dog currently taking flea and tick preventative?** Yes No

**Is your dog taking any medications?** Yes No

**Please describe** \_\_\_\_\_

**Does your dog have any allergies?** Yes No

**Please describe** \_\_\_\_\_

**Does your dog like to be brushed?** Yes Tolerates it No

**Is your dog easily handled by you?** Yes No **By your vet?** Yes No

How does your dog react when you lead them by the collar?

Does Fine Does OK, but pulls away Doesn't like to be lead by the collar

Does your dog have any areas on his body where he does not like to be touched?

Yes No **Please state which areas** \_\_\_\_\_

Where does your dog like to be petted? \_\_\_\_\_

**How does your dog get exercised?** \_\_\_\_\_

**How often?** \_\_\_\_\_

**Describe your dogs activity level:** Couch Potato Moderately Active Very Active

## TRAINING

**Has your dog had any formal obedience training?** Yes No

**When and where?** \_\_\_\_\_

**What commands does your dog know?**

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What percent of time does your dog respond to their commands?

At home \_\_\_\_\_ Outside \_\_\_\_\_

**Is your dog crate trained?** Yes No

**Does your dog have a problem with (mark all that apply)**

Excessive barking Jumping Mouthiness Eating stool

## BEHAVIOR

**What does your dog do when you are not home?** \_\_\_\_\_

**How does your dog show he/she is happy?** \_\_\_\_\_

Describe your dogs' personality

Shy Mellow Out Going Excitable Active Couch Potato

Rambunctious Content to be around others Slow to warm

**What is your dogs' favorite...**

Toy \_\_\_\_\_ Treat \_\_\_\_\_  
Activity \_\_\_\_\_ Place in the house \_\_\_\_\_

How often does your dog get socialization with other people?

None Minimal Moderate Frequent

**Are there any kinds of people your dog automatically fears or dislikes? Yes No**

**Please describe** \_\_\_\_\_

**Have you tried taking food, toys or bones away from your dog? Yes No**

**What happened?** \_\_\_\_\_

**Has anyone else tried taking food, toys or bones away from your dog? Yes No**

**What happened?** \_\_\_\_\_

**Do visitors bring their dog to your home? Yes No**

**If Yes, how does your dog respond?** \_\_\_\_\_

**Has your dog shared food/toys with another dog? Yes No**

How often does your dog get socialization with other dogs?

None Minimal Moderate Frequent

**Does your dog have off leash play with other dogs? Yes No**

**Where and how often?** \_\_\_\_\_

**Are there any sizes/breeds of dogs your dog automatically fears or dislikes? Yes No**

**Please describe** \_\_\_\_\_

**How does your dog react to other dogs on leash?** \_\_\_\_\_

**How does your dog interact with:**

**Big dogs** Does well Doesn't do well Doesn't care

**Small dogs** Does well Doesn't do well Doesn't care

**Older dogs** Does well Doesn't do well Doesn't care

**Puppies** Does well Doesn't do well Doesn't care

What kind of games does your dog play with other dogs?

Wrestle Chase Tug Other: \_\_\_\_\_

**Does your dog prefer to play with:** male dogs female dogs no preference

**Has your dog ever growled at someone? Yes No**

**What were the circumstances?** \_\_\_\_\_

**Has your dog ever bitten someone? Yes No**

**What were the circumstances?** \_\_\_\_\_

**Has your dog ever climbed or jumped over a fence? Yes No**

**How high was it?** \_\_\_\_\_

**Will your dog need to be fed while he/she is in daycare? Yes no**

**If yes, tell us when and how feeding is to take place and what food you will be providing:**

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**What are your goals for having your dog attend daycare?**

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Additional comments or other information we should know about your dog:

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