



## Boarding and Daycare Application:

### Owner's Information

Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

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

Fax \_\_\_\_\_ E-mail \_\_\_\_\_

Who may we call in case of emergency Name: \_\_\_\_\_

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

Alternate emergency contact: Name \_\_\_\_\_

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

Type of Payment for Services: Cash  Check  Credit Card

Card Type: Visa  MC

Card Number: \_\_\_\_\_ Exp: \_\_\_\_\_

3 Digit Security Code \_\_\_\_\_ (found on the back of the card)

\*Please note that Pooch Playhouse will use this card number in case of an emergency and for any cancellation fees that may occur.\*

\*In the event of a returned check, the client must pay the entire invoice and a \$30 fee promptly via cash or money order\*

### Veterinarian Information

Name of Vet Clinic \_\_\_\_\_ Address \_\_\_\_\_

Phone \_\_\_\_\_ Emergency/Night \_\_\_\_\_

\* Pooch Playhouse must have all Current Vaccination records for your dog before they are allowed to stay at our facility. Your vet can Fax to: 931-486-3005 \*

Owner Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Employee initials: \_\_\_\_\_

**Dog's General Information:**

Name \_\_\_\_\_ Breed \_\_\_\_\_

Birth Date (if known) \_\_\_\_\_ Age \_\_\_\_\_

Male/Female \_\_\_\_\_ Spayed/Neutered \_\_\_\_\_ Weight \_\_\_\_\_

Color/Markings \_\_\_\_\_

Was your dog(s) adopted? Yes  No

If yes, what is their history? \_\_\_\_\_

**Dog's Health Record (must be accompanied with veterinarian records):**

Date of Last check-up: \_\_\_\_\_

Date of last fecal exam: \_\_\_\_\_

Vaccination Dates:

Rabies: \_\_\_\_\_ DHLPP: \_\_\_\_\_ Parvo: \_\_\_\_\_ Bordatella: \_\_\_\_\_

Type of Flea and Tick Prevention: \_\_\_\_\_ Date last given: \_\_\_\_\_

Type of Heartworm Prevention: \_\_\_\_\_ Date last given: \_\_\_\_\_

Any known allergies or food restrictions: \_\_\_\_\_

\_\_\_\_\_

Any medication given on a regular basis (i.e. supplements): \_\_\_\_\_

\_\_\_\_\_  
(There is a \$1.50 fee for administering medication to dog and will need to fill out medication permission slip)

Any known disabilities or exercise restrictions: \_\_\_\_\_

\_\_\_\_\_

Has your dog been sick recently? \_\_\_\_\_ If yes, when and what was the treatment?

\_\_\_\_\_

**Dog's Feeding Instructions:**

\*We at Pooch Playhouse strongly recommend that you bring your own food; this helps the dog to adjust more easily and causes less stomach problems. There is \$2.00 fee for meals that we provide.\*

Brand of Dog Food: \_\_\_\_\_

Type of Dog Food: Wet/Dry \_\_\_\_\_ Other: \_\_\_\_\_

Types of Treats: \_\_\_\_\_

How often to be given: \_\_\_\_\_

Employee initials: \_\_\_\_\_

Feeding Schedule: AM  Mid-Day  PM

Grazer (Eats off and on all day)

Feeding Instructions (please give in cups):

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Please, feel free to provide any additional information or comments here: \_\_\_\_\_

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**Behavior/Personality Profile:**

Has your dog ever attended daycare or dog parks? Yes  No

If yes, where: \_\_\_\_\_

Does your dog have any aggressions toward other breeds or people? Yes  No

If yes, please explain: \_\_\_\_\_

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Has your dog ever bitten or been bitten? Yes  No

If yes, please explain:

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Does your dog scare or get nervous about certain things (i.e. storms, fireworks)?

Yes  No

If yes, please explain: \_\_\_\_\_

Do you have other pets? Yes  No  Do they get along? Yes  No

Is your dog a fence jumper or climber? Yes  No  How high? \_\_\_\_\_

Can you remove things from your dog's mouth? Yes  No

Has your dog nipped or growled when trying to take away food or a toy? Yes  No

If yes, please explain: \_\_\_\_\_

Does your dog bark or whimper a lot? Yes  No

Does your dog dig or scratch? Yes  No

Is your dog potty trained? Yes  No

Employee initials: \_\_\_\_\_

Is your dog crate trained? Yes  No

Does your dog chew or destroy toys? Yes  No

Does your dog have separation anxiety? Yes  No

If any of the above is problematic please explain. \_\_\_\_\_

\_\_\_\_\_

Is your dog leash trained? Yes  No

What kind of collar and leash do you use?  
\_\_\_\_\_

Where does your dog like or not liked to be touched?  
\_\_\_\_\_  
\_\_\_\_\_

What is your dogs behavior when getting a nail trim? \_\_\_\_\_

What commands does your dog know?

- |                               |                                    |              |
|-------------------------------|------------------------------------|--------------|
| Sit <input type="checkbox"/>  | Give Paw <input type="checkbox"/>  | Other: _____ |
| Stay <input type="checkbox"/> | Come <input type="checkbox"/>      | Other: _____ |
| Beg <input type="checkbox"/>  | Roll over <input type="checkbox"/> | Other: _____ |

Has your dog received any basic obedience training? Yes  No

Will you be supplying any toys? Yes  No

If yes, please list and describe:  
\_\_\_\_\_  
\_\_\_\_\_

Are there any special games your dog enjoys? Yes  No

Please list and describe:  
\_\_\_\_\_  
\_\_\_\_\_

If you have any additional information or comments that will help us with your dogs stay, please explain below: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I, \_\_\_\_\_, have entered the above information as truthfully and accurately as possible.

\_\_\_\_\_  
Client signature Date

Employee initials: \_\_\_\_\_