

CLIENT INFORMATION		
Name:		
Address:		
City:		Zip Code:
Home:	Cell:	Work:
E-mail Address:		
How did you hear about Dogworld?		
Were you referred by anyone? <input type="checkbox"/> NO <input type="checkbox"/> YES – please provide there name so that we can thank them:		
EMERGENCY CONTACT INFORMATION		
Name:		Relation:
Home:	Cell:	Work:
Who besides yourself is authorized to pick-up your dog(s)?		
Name:		Phone:
Name:		Phone:
Name:		Phone:
MEDICAL INFORMATION		
Veterinarian:		
City:		Phone:
Does your dog have any past or current injuries? <input type="checkbox"/> NO <input type="checkbox"/> YES – explain		
Does your dog have any allergies? <input type="checkbox"/> NO <input type="checkbox"/> YES – explain		
Does your dog take any medications? <input type="checkbox"/> NO <input type="checkbox"/> YES – please list below		
Medication:	Directions	Will we be administering ?
		<input type="checkbox"/> NO <input type="checkbox"/> YES
PET INFORMATION		
Name:	<input type="checkbox"/> MALE	<input type="checkbox"/> FEMALE

Breed:		<input type="checkbox"/> INTACT	<input type="checkbox"/> ALTERED
Colors/Markings:			
Birthday (or day celebrated):			
Nicknames:		Microchip #:	
ADDITIONAL INFORMATION			
Where did you get your dog?		How long have you owned you dog?	
How many people are in your household? Adults: _____ Male _____ Female Children: _____ Male _____ Female		How does you dog act around children?	
Is your dog crate trained? <input type="checkbox"/> NO <input type="checkbox"/> YES			
Is your dog housetrained? <input type="checkbox"/> NO <input type="checkbox"/> YES – do you use a command?			
Has your dog ever been in day care before? <input type="checkbox"/> NO <input type="checkbox"/> YES			
Are there other animals in your household? <input type="checkbox"/> NO <input type="checkbox"/> YES – please list below			
Species/Breed	Name	M/F	Intact/Altered
Age			
Does your dog get along with the other resident animals? <input type="checkbox"/> YES <input type="checkbox"/> NO – explain			
Rate your dog's energy level "1" being mellow and "10" being out of control _____			
Do you walk your dog? <input type="checkbox"/> NO <input type="checkbox"/> YES – how often and for how long		Does your dog bark a lot? <input type="checkbox"/> NO <input type="checkbox"/> YES – explain	
Is you dog aggressive on leash <input type="checkbox"/> NO <input type="checkbox"/> YES		Off Leash <input type="checkbox"/> NO <input type="checkbox"/> YES	
What brand/type of food do you feed your dog?		How much does your dog weigh?	
Can your dog have treats while at Dog World? <input type="checkbox"/> NO <input type="checkbox"/> YES How Many?			

Does your dog jump on you <input type="checkbox"/> NO <input type="checkbox"/> YES		On Others? <input type="checkbox"/> NO <input type="checkbox"/> YES	
Where does your dog like to be petted? <input type="checkbox"/> NO <input type="checkbox"/> YES – explain where		Does your dog have any sensitive areas on his/her body? <input type="checkbox"/> NO <input type="checkbox"/> YES – explain	
Has your dog ever jumped/climbed a fence? <input type="checkbox"/> NO <input type="checkbox"/> YES – height?			
Is your dog frightened by any noises/actions? <input type="checkbox"/> NO <input type="checkbox"/> YES – explain			
Is your dog toy/food aggressive? <input type="checkbox"/> NO <input type="checkbox"/> YES – explain		What toys does your dog enjoy to play with?	
Does your dog play well with others? <input type="checkbox"/> YES <input type="checkbox"/> NO – explain			
Does your dog enjoy playing with specific size, breed or sex of dog? <input type="checkbox"/> NO <input type="checkbox"/> YES – explain			
Are there any specific kinds of people you dog automatically fears or dislikes?			
Has your dog ever growled at a person? <input type="checkbox"/> NO <input type="checkbox"/> YES – explain		Has your dog ever bitten a person? <input type="checkbox"/> NO <input type="checkbox"/> YES – explain	
Does your dog show any destructive behaviors when you aren't at home? <input type="checkbox"/> NO <input type="checkbox"/> YES – explain			
Does your dog have obedience training? <input type="checkbox"/> NO <input type="checkbox"/> YES – explain commands			
Would you be interested in taking obedience classes here at the daycare?			

Office Use Only

Enrollment Form _____ Policy _____ Shot Records _____

Staff Screened _____ Folder Made _____ Computer Entry _____

Card Identification _____ First Day _____

Notes: