

# the wigglybutt doghouse dog daycare application form

## Owner Information

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
Home / Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
Other Phone: \_\_\_\_\_ Email: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Emergency Contact: \_\_\_\_\_ Emergency Phone: \_\_\_\_\_  
Veterinarian: \_\_\_\_\_ Veterinarian Phone: \_\_\_\_\_

How did you hear about us? \_\_\_\_\_  
If referred by whom? \_\_\_\_\_

## Pet Information

Name: \_\_\_\_\_ Rescue? Y / N  
Breed: \_\_\_\_\_ Color: \_\_\_\_\_  
Sex: \_\_\_\_\_ Spayed/Neutered: \_\_\_\_\_  
Weight: \_\_\_\_\_  
Birthday: \_\_\_\_\_ Age: \_\_\_\_\_  
Brand & Type of Food: \_\_\_\_\_  
Amount per feeding: \_\_\_\_\_ How often: \_\_\_\_\_

Is your dog allowed to have treats? Y / N (What type) \_\_\_\_\_

Has your dog been in daycare previously? Y / N

Has your dog boarded previously? Y / N

Please describe your dog's overall temperament: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

How does your dog react to other dogs? (Generally) \_\_\_\_\_  
\_\_\_\_\_

Has your dog ever bitten someone? Y / N

If yes please describe: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Has your dog ever been in a fight or bitten another dog? Y / N

If yes please describe: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Has your dog escaped or attempted to escape by digging/jumping or climbing fences? Y / N

If yes please describe: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What known behavioral problems does your dog have? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Is your dog housebroken or crate trained? Y / N

Does your dog play with toys ? Y / N      What kind? \_\_\_\_\_

Is your dog toy possessive? Y / N

If yes please describe: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Has your dog shared toys/food/water with other dogs? Y / N

If there were any problems please describe: \_\_\_\_\_  
\_\_\_\_\_

Does your dog know any commands? Y / N

If yes please describe: \_\_\_\_\_  
\_\_\_\_\_

**What do you do with him/her when you leave home?**

**Please describe:**

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**Does your dog have any health concerns that you are aware of? Y / N**

**If yes please describe:**

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**Does your dog have any medical restrictions on his/her activities? Y / N**

**If yes please describe:**

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**Is your dog currently on any medications? Y / N**

**If yes please describe:**

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**Does your dog have any allergies? Y / N**

**If yes please describe:**

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**Does your dog receive flea and tick prevention? Y / N**

**Is there anything else that you believe we should know about your dog?**

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