Family Pooch

Application Form

Customer Details

Owner's Name: _____ Address: _____

City:_____ Province: _____ Zip Code: _____

Cell Phone #: _____ Email Address:_____

Emergency Contact

Name: _____

Phone #:_____ Email Address: _____

How did you find out about us? _____

Pet Details

Pet Name: _____ Breed: _____ Gender: M / F

Altered State: Neutered / Spayed / Unaltered

Weight: _____ Birthday (MM/DD/YYYY):_____

Authorized to Pick up: _____ Allowed Treats? : ☐

Has your dog(s) ever been to a dog daycare before? _____

Pet Advisories (Check all that apply) :

Aggressive ☐

Biter ☐

Coprophagia (Poop Eater) ☐

Digger ☐

Excessive Barking ☐

Excessive Marking ☐

Excessive Mounting ` ☐

Food Aggressive ☐

Jumper ☐

Not House-Trained ☐

People Aggressive ☐

Separation Anxiety ☐

Toy Possessive ☐

Daycare Feeding Instructions

AM	NOON	PM

Medical Instructions

AM	NOON	PM

Allergies:_____

Boarding Preferences

Brought Items	Special Requirements

Feeding Instructions:

AM	NOON	PM

Veterinary Information

Veterinary Company Name: _____ Vet's Name: _____

Address: _____ City: _____ Province: _____ Zip Code: _____

Phone #: _____

Vaccination Information

Expiration Dates:

Bordetella (MM/DD/YYYY)

_____

DHPP (MM/DD/YYYY)

_____

Rabies (MM/DD/YYYY)

_____