



SPAWZ

Doggie Daycare and Fitness Center

Daycare and Boarding Application Form

Initial Interest: Daycare Boarding

DOG OWNER INFORMATION

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

WORK PHONE _____ HOME PHONE _____

CELL PHONE _____ OTHER PHONE _____

EMAIL ADDRESS _____

HOW DID YOU HEAR ABOUT US? _____

EMERGENCY CONTACT INFORMATION (FAMILY OR FRIENDS)

NAME _____

PHONE #'S (Best to reach at) _____

PLEASE LIST ANYONE WHO HAS PERMISSION TO PICK UP YOUR DOG(S) OTHER THAN THE NAME LISTED ABOVE _____

DOG INFORMATION

NAME _____ BREED _____

WEIGHT _____ COLOR _____ AGE _____ BIRTHDAY _____

MALE NEUTERED: YES NO

FEMALE SPAYED: YES NO

VET'S NAME/CLINIC _____

VET'S ADDRESS _____

VET'S PHONE _____ FAX # _____

DOES YOUR DOG HAVE ANY MEDICAL CONDITIONS OR ALLERGIES? YES NO

IF YES, PLEASE

EXPLAIN _____

WHAT FORM OF FLEA & TICK CONTROL DO YOU USE? _____

IS YOUR DOG PERMITTED TO HAVE GOOD, HEALTHY TREATS? Yes No

PLEASE LIST ANY SPECIAL INSTRUCTIONS FOR YOUR DOG _____

GETTING TO KNOW YOUR DOG

Our goal at SpawZ is to provide a safe environment for all of our guests. Therefore, it is very important to answer these questions honestly for the safety of your dog, other dogs and the staff.

How does your dog react when meeting new dogs? _____

What behavior does your dog display when with other dogs in a group setting such as dog parks or play groups? _____

Does your dog have a strong prey drive? Yes No

Has your dog ever bitten another dog? Yes No

Has your dog ever shown aggression towards small dogs? Yes No

Has your dog ever shown aggression towards large dogs? Yes No

Has your dog ever harmed another dog in any way? Yes No

If Yes, how? _____

Does your dog mount other dogs? Yes No

Does your dog enjoy playing with dogs with similar play styles? Yes No

Does your dog prefer to be off on his own/her own? Yes No

Is your dog food possessive? Yes No

Is your dog toy possessive? Yes No

Does your dog "pee" mark inside? Yes No

Is your dog easily excitable? Yes No

Does your dog pee when excited? Yes No

Does your dog have separation anxiety? Yes No

Is your dog shy? Yes No

Does your dog bark when he plays? Yes No

Does your dog bark excessively? Yes No

Is your dog destructive to toys and other objects? Yes No

Is your dog destructive to furniture? Yes No

Is your dog crate trained? Yes No

Does your dog eat bad things? (i.e. poop, tennis balls) Yes No

Has your dog ever bitten an adult or child? Yes No

Has your dog ever shown aggression towards adults or children? Yes No

Has your dog ever harmed an adult or child in any way? Yes No

Does your dog jump fences? Yes No

If yes, how high? _____

Is your dog obedience trained? Yes No

If yes, what commands? _____

Does your dog come when called? Yes No

Anything else we should know? Please feel free to use the back of this page.

I certify that the above information and answers are accurate and true to the best of my knowledge.

OWNER SIGNATURE

DATE