

# Wags & Barks Enrollment Form



## General Information

Owner(s) Name: \_\_\_\_\_ Dog's Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Breed: \_\_\_\_\_  Male  Female Spayed/Neutered? \_\_\_\_\_

Birthday (or day celebrated): \_\_\_\_\_ Age: \_\_\_\_\_ Weight: \_\_\_\_\_

Has your dog been to day care before?  Yes  No If yes...Where: \_\_\_\_\_

How did you hear about us? \_\_\_\_\_

## Medical/Health Information

Veterinarian: \_\_\_\_\_ Phone# \_\_\_\_\_

Rabies Due: \_\_\_\_\_ DHLPP / Titer Due: \_\_\_\_\_ Bordatella Due: \_\_\_\_\_

Yearly Heartworm Test:  Yes  No  
If Yes...which brand of Preventative?  Interceptor  Heartgard  Sentinel  Other \_\_\_\_\_

Flea/Tick Medication:  Yes  No  
If Yes...which brand?  Frontline  Advantage  Sentinel  Revolution  Other \_\_\_\_\_

Describe any medical/health issues we need to be aware of (seizures, heart problems, hips, injuries):  
\_\_\_\_\_

List any known allergies: \_\_\_\_\_

Does your dog take any Medications?  No  Yes – Please list: \_\_\_\_\_

Is your dog Microchipped?  No  Yes – Mircochip # \_\_\_\_\_ Brand: \_\_\_\_\_

## Emergency Contact Information (other than yourself)

Name: \_\_\_\_\_ Relation: \_\_\_\_\_

Home # \_\_\_\_\_ Cell # \_\_\_\_\_ Work # \_\_\_\_\_

Who is authorized to pick-up your dog(s)?

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

## About Your Dog

Where did you get your dog? \_\_\_\_\_ How long have you owned your dog? \_\_\_\_\_

If adopted, do you have any knowledge of past history? \_\_\_\_\_

What type/brand of food do you feed your dog? \_\_\_\_\_

Is your dog housed trained?  No  Yes – do you use a command? \_\_\_\_\_

How many people in you household?

Adults: \_\_\_\_\_ male \_\_\_\_\_ female / Children: \_\_\_\_\_ male \_\_\_\_\_ female Ages: \_\_\_\_\_

How does your dog act around children? \_\_\_\_\_

Any other animals in your household?  No  Yes – please list below

Species/Breed: \_\_\_\_\_ Name: \_\_\_\_\_ Sex: \_\_\_\_\_ S/N: \_\_\_\_\_ Age: \_\_\_\_\_

Species/Breed: \_\_\_\_\_ Name: \_\_\_\_\_ Sex: \_\_\_\_\_ S/N: \_\_\_\_\_ Age: \_\_\_\_\_

Species/Breed: \_\_\_\_\_ Name: \_\_\_\_\_ Sex: \_\_\_\_\_ S/N: \_\_\_\_\_ Age: \_\_\_\_\_

Does your dog get along with the other resident animals?  Yes  No – explain \_\_\_\_\_

Likes to be petted here: \_\_\_\_\_

Doesn't like to petted/touched here (i.e. feet, collar): \_\_\_\_\_

Is your dog frightened by any noise, actions, and certain types of people?  No  Yes – explain \_\_\_\_\_

Is your dog toy or food aggressive?  No  Yes – explain \_\_\_\_\_

Instances when your dog has growled or snapped (check all that apply)

taking food away  taking bones/toys away  when guests arrive  when disciplining  other comments: \_\_\_\_\_

Has your dog ever bitten a person?  No  Yes – explain \_\_\_\_\_

Does your dog play well with other dogs?  Yes  No – explain \_\_\_\_\_

Does your dog like puppies?  Yes  Don't know  No – explain \_\_\_\_\_

Has your dog ever jumped or climbed a fence?  No  Yes – explain \_\_\_\_\_

Is your dog crate trained?  No  Yes If yes, are they comfortable in the crate?  Yes  No

Has your dog had any obedience training?  No  Yes – to what level: \_\_\_\_\_

Any other training?  CGC  Therapy Dog  Agility  Rally  Flyball  Tracking  Herding

Does your dog bark a lot:  No  Yes – explain \_\_\_\_\_

Does your dog enjoy playing with specific size, breed, sex of dog?  No  Yes – explain \_\_\_\_\_

What toys does your dog enjoy playing with? \_\_\_\_\_

Can your dog have treats while at Wags & Barks Doggy Day Care?  Yes  No

Any other comments: \_\_\_\_\_