

DAYCARE AND BOARDING APPLICATION

Dog Name _____ Breed _____ Current Age _____
Date _____ Owner's Name _____ Address _____
City/St/Zip _____ Contact Phone #(____) _____
Email _____
How many additional pets and what type? _____
Veterinarian _____ Vet's Phone (____) _____
Training classes taken _____
Color _____ Height _____ Weight _____ Sex _____
What is your pet's birth date? _____
Where did you get your dog? ___ Ad in paper ___ Breeder ___ Friend or relative ___ Pet Store
___ Stray ___ Shelter ___ Rescue ___ Other
Emergency contact _____ Phone _____
Who may pick up your dog? _____

Immunization Requirements

It is the responsibility of the client to provide proof of vaccination for each animal attending Kinder Kritter LLC. Dogs whose shots are not up-to-date will not be allowed to attend. The following vaccinations must be up-to-date within 5 days prior to attendance: Date Given:

Distemper _____ Rabies _____ Bordetella(6 month vaccination) _____

OWNER UNDERSTANDS THAT EVEN IF OWNER'S DOG(S) IS VACCINATED AGAINST KENNEL COUGH (BORDETELLA), THERE IS A CHANCE THAT THE OWNER'S DOG CAN STILL CONTRACT KENNEL COUGH.
_____(INITIAL)

Please list any current medical problems _____

When was your pet's last flea treatment? _____

Feeding Instructions

Name of food _____ Quantity _____

Allergies _____ Food Restrictions _____

Is it ok to give your dog treats? Yes ___ No ___

Daily home caretaker is: _____

A child ___ An Adult ___ A Senior ___ M/F _____

Daily exercise: ___ Fenced yard only ___ walks by caretaker ___ other, describe _____

Outings with caretaker: Car rides ___ Who _____ Parks ___ Who _____ Frequency _____

Hygiene: by home caretaker: ___ daily ___ weekly ___ monthly: ___ brushed ___ bathed ___ trimmed ___

Where are the pets kept: ___ In the house loose ___ In the house crated ___ In fenced yard ___ In a kennel ___

Tied outside ___ Other _____

You would describe your pet's reaction to home grooming as: check all that apply.

___ totally cooperative ___ uncooperative ___ wiggly ___ shy ___ nervous ___ tries to get away

___ bossy ___ aggressive/bites

Does your pet get groomed? ___ How often? _____

Frequency of professional care monthly by: Vet _____ Stylist _____ Kennel _____ You

would describe your pet's reaction to Pet care Professionals (vets, stylists, kennel operators) as:

Check all that apply. ___ friendly ___ loving ___ shy ___ excited ___ apprehensive ___ passive ___ nervous

___ frightened ___ aggressive/biting

Health/Medical

Medication: Past _____ Current _____

Seizures: ___ No ___ Yes, what type/frequency _____

Heart Disease: ___ No ___ Yes, what type/frequency _____

Check all applicable: ___ blind ___ deaf ___ arthritis ___ ear infection ___ teeth infections
___ spayed/neutered

Allergies, specify to what & medication _____

Other injuries, specify _____

Social Behaviors: Does pet respond to name when called? ___ Yes ___ No

Does pet respond to owner's directions? ___ Yes ___ No

How often does your pet come when called? ___ 100% ___ 75% ___ 50% ___ 25% ___ 0%

Does pet urinate when approached? ___ Yes ___ No

Does pet indulge in self mutilation? ___ Yes ___ No

Is pet housetrained? ___ Yes ___ No If so, specify method _____

Describe how pet reacts to strangers: ___ friendly ___ suspicious ___ shys away ___ frightened
___ ignores ___ excited ___ barks ___ jumps on them ___ growls bites

Does your pet react differently to men, women, children, crowds, other adult pets, puppies, being put on a leash, being kenneled, or receiving treats around other pets? ___ Yes ___ No ___ If yes, explain _____

Has your dog ever been in a fight with another dog? ___ Yes ___ No If yes, please describe how many Times and the circumstances: _____

What things upset your pet? _____

How does your pet react to riding in the car? _____

How does your pet react to being left alone? _____

What bad habits does your pet have? Check all that apply: ___ barks/howls ___ digs ___ chews ___ growls ___ runs away ___ jumps up ___ gets in the trash ___ chases things ___ bites ___ wets ___ begs ___ other _____

In stress situation (new situation, stranger, left alone, confined) your pet reacts: ___ wildly ___ active ___ poised ___ assured ___ withdrawn ___ lethargic, stiff

Personality Type:

How would you describe your pet's personality? Check all that apply: ___ balanced ___ extremely

Introverted ___ introverted ___ mildly introverted ___ extremely extroverted ___ extroverted

___ mildly extroverted ___ shy ___ friendly ___ fearful ___ happy ___ aggressive ___ playful ___ nervous

___ bored ___ hyperactive ___ loud ___ annoying ___ calm ___ jealous ___ submissive ___ territorial

___ finicky ___ indifferent ___ dominant ___ dependent

Social Order:

___ dominant ___ subordinate ___ leader tendencies

Owner's Signature _____ Date _____