

# **Waggs-And-Woofs**

## **Doggie Daycare**

### ***Enrollment Form***

#### ***Parent Info***

Parent's Name \_\_\_\_\_

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

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell \_\_\_\_\_

#### ***Doggie Info***

Name \_\_\_\_\_ Breed \_\_\_\_\_

Birth Date \_\_\_\_\_ Male / Female

Neutered / Spayed If not, when ? \_\_\_\_\_

Brand of Dog Food \_\_\_\_\_

Feeding Instructions \_\_\_\_\_

#### ***Veterinarian Info***

Vet Clinic \_\_\_\_\_

Vet Name \_\_\_\_\_

#### ***In Case of Emergency***

Emergency Contact Person \_\_\_\_\_

Relationship \_\_\_\_\_ Phone Number \_\_\_\_\_

#### ***Doggy Profile***

*How long have you owned your dog?\_\_\_\_\_*

*Where did you get your dog*

*\_\_\_Humane Society Which one?\_\_\_\_\_*

*\_\_\_Breeder Name and location\_\_\_\_\_*

*\_\_\_Other Please describe\_\_\_\_\_*

*Has your dog had any obedience training?\_\_\_\_\_*

*What commands does your dog know at this time?\_\_\_\_\_*

*Do you use a crate? Yes / No If yes, is your dog comfortable in it? Yes / No*

*Is your dog friendly to other dogs? Yes / No*

*How does your dog react when somebody else or another dog tries to take food or toys away from him?\_\_\_\_\_*

*Does your dog dig? Yes / No Climb? Yes/ No  
Jump fences? Yes / No*

*Is there anything your dog is afraid of?\_\_\_\_\_*

*Does your dog jump on others?\_\_\_\_\_*

*Does your dog get along with other dogs? Yes / No*

*How does your dog react to strangers? \_\_\_Likes \_\_\_Doesn't like*

*How does your dog react to puppies? \_\_\_Likes \_\_\_Doesn't like*

*Has your dog been boarded in the past month? Yes / No If yes, where?\_\_\_\_\_*

*Has your dog attended daycare in the past month? Yes / No If yes, where?\_\_\_\_\_*

*Has your dog been groomed in the past month? Yes / No If yes, where? \_\_\_\_\_*

*Does your dog have any allergies? Yes / No If yes, to what? \_\_\_\_\_*

*Is your dog allowed to have treats while at Daycare? Yes / No*

*Does your dog have any idiosyncrasies / behavioral issues that we need to be aware of? \_\_\_\_\_*

*Does your dog take any medication? Yes / No If yes, for what? \_\_\_\_\_*

*Has your dog been injured or required medical attention in the last 6 months? Yes / No If yes, please explain \_\_\_\_\_*

*Is there anything else that you would like us to know about your dog? \_\_\_\_\_*  
\_\_\_\_\_  
\_\_\_\_\_

***If any of the above information changes, please notify us immediately.  
Waggs-And-Woofs, LLC 229 County Rt. 76 Stillwater, N.Y.12170  
Phone: 518-441-6499  
www.Waggs-And-Woofs.com***