



# Pet Personality Form

1. Has your dog been to a daycare before? If so where?

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2. Date you acquired dog: \_\_\_\_\_

3. If adopted, do you have any knowledge of your dog's past history?

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4. Has your dog ever bitten or growled at someone? If so what were the circumstances?

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5. Are there other animals in your household? If so, please list type, sex and age of each:

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6. How does your dog get along with other resident animals?

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7. How does your dog react to puppies?

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8. Anything else you feel we need to know about your dog?

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# Enrollment Form

Dog's name: \_\_\_\_\_ Age: \_\_\_\_\_

Owner's name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zipcode: \_\_\_\_\_

Phone numbers: Please include Home, Cell and Work: \_\_\_\_\_

\_\_\_\_\_

Email: \_\_\_\_\_

Breed: \_\_\_\_\_

Color: \_\_\_\_\_

Weight: \_\_\_\_\_

Sex: ☐ Male ☐ Male/Neuter ☐ Female ☐ Female/Spay

**\*\*PLEASE NOTE: AFTER 1 YEAR OF AGE,  
ALL DOGS ARE REQUIRED TO BE  
SPAYED/NEUTERED\***

Veterinary Clinic: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Primary Veterinarian: \_\_\_\_\_

Emergency Contact:

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

People other than yourself who are authorized to pick up your dog:

\_\_\_\_\_



# Vaccination and Medical History

Please attach vet records showing the following are up to date:

Rabies

DHPP (distemper/parvo)

Bordetella (Needed once per year)

Lepto

Canine Influenza (H3N8& H3N2)

Negative Fecal test (Needed once per year)

Do you have your dog on a heart-worm preventative? ☐ YES ☐ NO

Do you have your dog on a flea and tick preventative? ☐ YES ☐ NO

Does your dog have a problem with fleas/ticks? ☐ YES ☐ NO

Please describe ANY medical/health issues we need to be aware of (i.e. Allergies, seizures, heart, hip problems, etc):

Anything contagious? Please list and dates diagnosed: