



**3017 Bridgeport Way W.
University Place, WA. 98466
(253) 267-0729**

Enrollment Application

Owner's Information:

Primary owner's name: _____
Additional owner's name: _____
Home address: _____
City: _____ State: _____ Zip code: _____
Home phone: _____ Work phone: _____
Cell phone: _____ E-Mail: _____
Emergency contact name: _____ Phone number: _____
How did you hear about Dinky Dogs Daycare? _____

Dog's Information:

Dog's name: _____ Breed: _____
Color: _____ Weight: _____ Birthday: _____
Female: _____ Spayed (when): _____ Male: _____ Neutered(when): _____
Microchip #: _____
Type and brand of food your dog eats: _____
Does your dog have any food allergies? _____
Can your dog have treats? Yes: _____ No: _____

Dog's History:

When did you get your dog? _____ Where did you get your dog? _____
Has your dog been to obedience training? Yes ___ No ___
If yes, please describe (when and where) _____
Is your dog: Housebroken? Yes ___ No ___ Crate trained? Yes ___ No ___
Leash trained? Yes ___ No ___

Is your dog afraid of any specific items, noises, or situations? Yes___ No___

If yes, please describe:_____

Dog's Health:

Veterinary clinic:_____ Doctor's name:_____

Address:_____ Phone :_____

Vaccine information:

DHPP: date given_____ date due_____

Rabies: date given_____ date due_____

Bordetella: date given_____ date due_____

Date of last fecal test:_____ Results: positive___ negative___

Is your dog currently on a flea treatment? Yes___ No___ Type of treatment:_____

How often do you trim your dog's nails?_____

How does your dog react to having his/her nails trimmed?_____

Does your dog have any health conditions or previous injuries we should be aware of?

Activity restrictions?_____

Does your dog have any sensitive areas on his/her body?_____

Dog's Personality and Temperament:

Describe your dog's personality (mark all that apply):

mellow/calm

shy/submissive

playful

high energy

dominant/alpha

well behaved

Describe your dog's behavior (mark all that apply):

people aggressive

dog aggressive

food possessive

toy possessive

leash aggressive

separation anxiety

barks excessively

chews

mouthy

jumps fences

digs

eats rocks

eats poop

runs away

I understand that if my dog damages any fencing and/or equipment, I am responsible for all costs of repair and/or replacement. Please initial: _____

Has your dog ever bitten a person, dog, or other animal? Yes ___ No ___

If yes, please describe: _____

Does your dog socialize/play with other dogs on a regular basis? Yes ___ No ___

If yes, please describe: _____

How does your dog respond to stranger's? _____

Has your dog ever jumped a fence? Yes ___ No ___

If yes, how high was the fence? _____

Are there any issues you would like us to work on with your dog while he/she is at daycare? _____

Is there anything else we should know about your dog? _____

I understand that if I do not pick up my dog by closing time, additional charges will apply.

Business hours are Mon-Fri. 6:30 am - 6:30 pm. Please initial _____

I hereby certify that my dog is in good health and has not been ill with any communicable disease in the last 30 days and that the information I have provided is accurate and complete. I have read, understand, and accept the realities of dog daycare.

Please sign: _____ Date: _____

FOR OFFICE USE ONLY:

Enrollment form ___ Enrollment fee ___ Vax ___ Fecal ___ Staff Screened ___ Computer Entry ___ Guidelines ___
First Day ___ Card ___

NOTES: