

Boarding & Daycare Application



Owner's Information:

Name _____ E-mail _____

Address _____ City _____ State _____ Zip _____

Home Phone _____ Work _____ Cell _____ Fax _____

Who may we call in case of emergency Name: _____

Home Phone _____ Work _____ Cell _____

Alternate emergency contact: Name _____

Home Phone _____ Work _____ Cell _____

Type of Payment: Cash Check Credit Card

Card Type: Visa MC Card Number: _____ Exp: _____ 3 Digit Security Code _____

Please note that Pooch Playhouse will use this card number in case of an emergency and for any cancellation fees that may occur.

In the event of a returned check, the client must pay the entire invoice and a \$30 fee promptly via cash or money order

Veterinarian Information:

Name of Vet Clinic _____ Address _____

Phone _____ Emergency/Night _____

*Pooch Playhouse must have all current vaccination records for your dog before they are allowed to stay at our facility. Your vet can Fax to: 931-486-3005

Owner Signature: _____ Date: _____

Dog's General Information:

Name _____ Breed _____ Birth Date (if known) _____ Age _____

Male/Female _____ Spayed/Neutered _____ Weight _____ Color/Markings _____

Was your dog(s) adopted? Yes No If yes, what is their history? _____

Dog's Health Record (must be accompanied with veterinarian records): Date of last check-up: _____ Date of last fecal exam: _____

Vaccination Dates: Rabies: _____ DHLP: _____ Parvo: _____ Bordatella: _____

Type of Flea and Tick Prevention: _____ Date last given: _____

Type of Heartworm Prevention: _____ Date last given: _____

Any known allergies or food restrictions: _____

Any medication given on a regular basis (i.e. supplements): _____

(There is a \$1.50 fee for administering medication to dog and will need to fill out medication permission slip)

Can your dog be given Benadryl in case of allergic reactions or anxiety? Yes No

Any known disabilities or exercise restrictions: _____

Has your dog been sick recently? _____ If yes, when and what was the treatment? _____

Dog's Feeding Instructions:

*We at Pooch Playhouse strongly recommend that you bring your own food; this helps the dog to adjust more easily and causes less stomach problems.

There is \$2.00 fee for meals that we provide.*

Brand of Dog Food: _____ Type of Dog Food: Wet/Dry _____ Other: _____

Types of Treats: _____ How often to be given: _____

Feeding Schedule: AM Mid-Day PM Grazer (Eats off and on all day)

Feeding Instructions (please give in cups): _____

Please, feel free to provide any additional information or comments here _____

POOCH PLAYHOUSE GROUP PLAY/OFF-LEASH APPLICATION

We at Pooch Playhouse want to see you dog succeed in group play and know he is happy doing it. No one knows your dog better than you do, so we appreciate you taking the time to fill out this application. The more we know about the dogs in our care, the better our playgroups will be.

OWNER NAME: _____

Today's Date: _____

DOG INFORMATION: (submit one application for each dog)

DOGS NAME: _____

BREED: _____

1a. Current age		Years:	Months:
1b. How long have you owned your dog?			
2. Where did you get your dog? <input type="checkbox"/> Newspaper Ad <input type="checkbox"/> Breeder <input type="checkbox"/> Pet Store <input type="checkbox"/> Animal Shelter <input type="checkbox"/> Animal Rescue Group <input type="checkbox"/> Friend <input type="checkbox"/> Found As Stray <input type="checkbox"/> Other _____		What knowledge do you have of your dog's past history?	
3. Why are you considering our off-leash dog play program for your dog? (check all that apply) <input type="checkbox"/> Play with other dogs <input type="checkbox"/> So not home alone; check if <input type="checkbox"/> exhibits symptoms of separation anxiety <input type="checkbox"/> Exercise: <input type="checkbox"/> Primary source or <input type="checkbox"/> Additional source of exercise <input type="checkbox"/> Recommended by other pet professional (trainer, vet, etc.); Reason: _____ <input type="checkbox"/> Other: _____			
4. Which of the following best describes your dog's level socialization with other dogs: <input type="checkbox"/> None - No knowledge of other dog interaction <input type="checkbox"/> Minimal - On leash encounters only <input type="checkbox"/> Moderate - Some off-leash playtime on occasion with visitor's/neighbor's/friend's dog(s) <input type="checkbox"/> Extensive - Regular visits to dog social events, off-leash dog parks, dog daycare, etc.			
5a. Has your dog had any problems previously in an off-leash social environment? <input type="checkbox"/> No <input type="checkbox"/> Yes, (check all that apply) <input type="checkbox"/> Altercation or fight at a public dog park <input type="checkbox"/> Altercation or fight with a neighbor or friend's dog <input type="checkbox"/> Fearful reaction in a group of dogs <input type="checkbox"/> Dismissed from a prior dog daycare or social playgroup program (complete item 5b) <input type="checkbox"/> Other (please describe)_____			

5b. *Only complete if you answered yes in 5a that your dog was dismissed from a prior program.*
What reason were you given as to why your dog was dismissed?

Check each statement below that applies to the situation that resulted in your dog's dismissal.

- My dog was injured, no medical treatment required
- My dog was injured and required medical treatment
- Another dog was injured, no medical treatment required
- Another dog was injured and required medical treatment
- A person was injured, no medical treatment required
- A person injured and required medical treatment

Provide any other comments you want us to know about this situation.

Health History

6. Please describe your dog's flea/tick control and prevention program:

7. Does your dog have any allergies? Yes No If yes, please explain:

8. Does your dog have any physical disabilities? Yes No
Please explain disability & cause:

If answered yes, what restrictions need to be placed on your dog's activities or movements?

No jumping No running No hard play No contact with other dogs Other (*Please explain*)

9. Does your dog have any medical conditions? Yes No If yes, please explain:
If medication is used to control the condition, please provide name and dosage.

10. Provide details of your dog's diet -
a. *type* (kibble, canned, raw/natural):
b. *brand* (Innova, Iams, Purina, etc.):
c. *primary protein source*:
d. *feeding schedule*:

11. On what type of surface does your dog generally go to the bathroom (e.g., grass, mulch, pee pads)?

12. Does your dog have any bathroom-related issues or concerns?

13 a. How often do you brush or comb your dog's coat?	13b. How does your dog react to having his/her nails clipped?
13c. Does your dog like to be brushed? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, what have you tried to make it more enjoyable?	
14. Does your dog have any sensitive areas on his/her body? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, where?	
15. Where are your dog's favorite petting spots?	
16a. How frequently is your dog walked outside?	16b. How long are your walks?
17. Check the box below that best represents your dog's overall level of exercise routine: <input type="checkbox"/> Couch Potato: Spends days sleeping, occasional walks and/or playtime with humans or other dogs. <input type="checkbox"/> Mild Exerciser: Short daily walks and/or regular playtime with human or other dogs. <input type="checkbox"/> Moderate Exerciser: Long or multiple walks daily and/or regular playtime with human or dogs. <input type="checkbox"/> Athlete: Regular jogs/runs and/or regular participation in a dog sport activity such as agility, fly ball, Frisbee, etc.	

Household Information

18. Complete table with information on other pets in household:

Breed	Age	Sex	Spayed /Neutered
1.		<input type="radio"/> Male <input type="radio"/> Female	<input type="radio"/> Yes <input type="checkbox"/> No
2.		<input type="radio"/> Male <input type="radio"/> Female	<input type="checkbox"/> Yes <input type="radio"/> No
3.		<input type="radio"/> Male <input type="radio"/> Female	<input type="radio"/> Yes <input type="radio"/> No
4.		<input type="checkbox"/> Male <input type="radio"/> Female	<input type="radio"/> Yes <input type="radio"/> No
Do you have cats? <input type="radio"/> Yes <input type="radio"/> No If yes, how many cats do you have?	How does your dog get along with your cats? How does he react to unfamiliar cats he sees on walks?		

19a. Does your dog like children?	<input type="checkbox"/> Yes <input type="checkbox"/> No
19b. How does your dog behave around children?	19c. How does your dog get along with other household animals?
20. Do any visitors bring their dog(s) to your house? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, how do they get along?	

21. How does your dog react to a stranger coming into your home or yard?

22. Does your dog ever bark or growl at anyone passing outside your home or yard? Yes No
If yes, please explain:

23. Are there any types and/or breeds of dogs your dog seems to automatically fear or dislike?
 Yes No, If yes, please describe:

24. How does your dog react to puppies?

25. How does your dog react to another dog approaching him/her in a park, at the beach, or on a walk?

a. On Leash:

b. Off Leash:

26. Does your dog play with other dogs? Yes No

If yes, which type?

Male and females

Only males

Only females

Please describe size, breed, & temperament of the other dogs.

27. What kinds of games does your dog play with other dogs?

28. What kinds of games does your dog play with people?

29. Has your dog ever shared his/her food or toys with other animals? Yes No

If yes, how does your dog react to another dog approaching his/her food or toys?

30. Which commands does your dog know? (please check all that apply)

Sit Stay Down Come Heel Rollover Kisses High Five

Other: _____

42. Does your dog have any problems in any of the following areas? If yes, please explain.

Mouthing _____

Housetraining: _____

Barking: _____

Digging: _____

Ignoring Commands: _____

43. Does your dog know any tricks? If yes, please describe.

Yes No

Dog Behavior Information

44. Are there any particular types of people your dog seems to automatically fear or dislike?

45. Has your dog ever growled at someone? Yes No If yes, what were the circumstances and how did you respond?

46. Has your dog ever bitten a person? Yes No If yes, what were the circumstances and how did you respond? Please describe injuries (if any).

47. Has your dog ever bitten another animal? Yes No If yes, what were the circumstances and how did you respond? Please describe any injuries if there were any.

48. To the best of your knowledge, what does your dog do when you're not at home?

49. Has your dog ever climbed/jumped a fence? Yes No If yes, what were the circumstances? How high was the fence?

50. Has your dog ever escaped from your house or yard? Yes No If yes, please explain the circumstances

51. How would you describe the energy level of your dog?

Low Medium High

52. Has your dog ever chased or tried to chase a small animal? Yes No If yes, what were the circumstances?

53. Has your dog ever chased someone (or wanted to) on a skateboard or bicycle? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes , what were the circumstances?
54. Is your dog frightened by thunderstorms? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes , describe typical behavior & what specifically helps to relax your dog or calm his/her fear.
55. Is your dog frightened or nervous around anything else? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain.
56. Does your dog play with any toys? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, what kind of toys does your dog like?
57. Has your dog ever growled or snapped at a person who has taken food or toys away from him/her? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, what were the circumstances and how did you respond?
58. Has your dog ever growled or snapped at another dog who has taken food or toys away from him/her? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes , what were the circumstances and how did you respond?
59. Have you ever noticed your dog stopping and staring at another animal? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes , what were the circumstances?
60. Other comments or information about your dog that you feel might be helpful?

Thank you for the time you spent completing the application form. We look forward to meeting you and your dog on evaluation day. Please contact us if you have any questions on the next steps of the evaluation process.