Doggie Daycare Enrollment Form

Four Paws Only

Dogs Name: ____________________________ Breed: ____________________________

Your First Name: ____________________________ Last Name: ____________________________

Address: ____________________________ City: ____________________________ Zip: ____________

E-Mail Address: ____________________________

Home Phone: ____________________________ Cell Phone: ____________________________

Veterinarian: ____________________________ Phone #: ____________________________

Age of Doggie: ____________ Weight: ____________ Color: ____________ List other pets: ____________________________

Has your doggie ever played with other doggies in a group? Yes No

How often? ____________________________ Describe how they do: ____________________________

Your dog prefers being around: Big dogs Small dogs All dogs Not sure

Does your doggie get possessive of their things? Yes No If “Yes”, please circle all that apply:

   Food Other dogs Toys Strangers Territory (bed)

If you circled any of the above, please explain: ____________________________

Please pick the description that best fits your dog’s personality:

   ( ) Class Clown: A goofy, playful, high energy dog always on the go.
   ( ) Big Man on Campus: Alpha dog. Chooses to play referee to other dogs during play time.
   ( ) Cheerleader: An opinionated/vocal dog at play, always ready to tell the group they think.
   ( ) Teacher’s Pet: Shy, prefers to sit outside of group and observe without getting too involved.
   ( ) Over Achiever: The dog who is always involved in everything and everyone’s business.

Has your dog ever escaped or attempted to escape by digging/jumping or climbing fences? Yes No

What is your dog’s favorite toy? ____________________________

What is your dog’s training history? (circle all that apply)

   No training Trained yourself Puppy Kindergarten Group classes basic Group lessons advances Private training lessons

What commands does your dog know and how well?

   Name (look at you) Sit Stay/Wait Down Come
   Heel Fetch Drop it (leave it) Quiet (enough)
   Outside (potty) Other ____________________________

Are there any other issues that you wish to address, or feel you should inform us of? ____________________________