



Intake Application

**Please bring in dog vaccination records*

DATE: _____

DOG NAME: _____

OWNER INFORMATION:

Name: _____

Address: _____

Postal Code: _____

Home Phone: _____

Work Phone: _____

Cell Phone: _____

Email: _____

Would you like newsletter by email YES / NO

DOG INFORMATION:

Breed: _____ Age: _____

Birth date: _____

Sex: Male/Female Neutered: Yes/No

Emergency Contact: _____

Phone: _____

Veterinarian: _____

How did you hear about DOG N' SUDS Daycare?

Friend _____ Name _____

Web _____ Other _____

PET HISTORY:

Where did you get your dog? (Breeder, shelter, pet store, home litter)

How old was your dog when adopted or purchased?

How many people live in your household? (Man, Women, Children)

Does your dog like children? (Provide details of exposure and frequency)

List animals living in your house: (Dogs, cats, others + ages and genders)

Does your dog dislike or fear any types of people?

Does your dog dislike or fear any dogs?

How does your dog react to puppies?

Do visitors bring dogs to your home? How does your dog react?

How many times a week is your dog walked?

How long are the walks?

Does your dog play with toys? What are the favorites?

Does your dog share toys with other dogs?

Does your dog have off-leash play with other dogs? How often? How many dogs?
Groups of dogs?

Has your dog ever growled or snapped at a person or dog over toys or food?

Does your dog have a bathroom command?

Does your dog have a quiet command?

Does your dog have any problems in the following area?

Barking:

House soiling:

Digging:

Mouthing/Biting:

Ignoring commands:

Are there any health problems we should be aware of?

Allergies:

Vision problems:

Hearing problems:

Seizures:

Hip or elbow dysplasia:

Recent surgeries:

Other: