

Enrollment Form

General Information

Dogs Name: _____ Owners Name(s): _____
Home Address: _____ City: _____ St: _____ Zip: _____
Primary Phone: _____ Work Phone: _____ Secondary Phone : _____
Email: _____
Dogs Breed: _____ Date of Birth: _____
MALE/FEMALE? _____ Size: _____ Approximate Weight: _____ Color: _____
List any known allergies: _____
Vet Clinic: _____ Treating Veterinarian: _____ Phone: _____
Emergency Contact Person (other than yourself): _____
Relationship: _____ Phone: _____

Has your dog ever been enrolled in day care before? YES/NO If yes, where? _____

How often do you plan to use our day care services?: _____

How did you hear about us? _____

Vaccination/Medical History

Rabies - Date Given: _____ Date Due: _____
Bordetella - Date Given: _____ Date Due: _____
Distemper - Date Given: _____ Date Due: _____
Parvo - Date Given: _____ Date Due: _____

Yearly Heartworm Test? YES?NO

What brand of preventative? ___ Sentinel ___ Interceptor ___ Heartguard ___ Other _____

Date of last flea/tick preventative: _____ Brand: _____

Please describe any medical/health issues we should know about: _____

Has your dog ever had any contagious health issues? YES/NO

If yes, please describe: _____

Is your dog micro chipped? YES/NO Microchip Number: _____ Brand: _____

Dog Profile

How long has your dog been in your family?: _____

Where did you get your dog?: _____

If adopted, do you have any knowledge of your pets history?: YES/NO

If Yes, please describe: _____

How many people are there in your family? _____

Adults: _____ Male: _____ Female: _____

Children: _____ Male: _____ Female: _____ Ages: _____

Has your dog ever had any obedience training? YES / NO

If yes, please describe: _____

Do you use a crate in your home? YES / NO If yes, are they comfortable in the crate? YES / NO

Does your dog have any history of separation anxiety? YES/ NO

If yes, please describe: _____

Is your dog comfortable having his/her feet touched? YES / NO / I don't know

Is your dog comfortable being lead by his/her collar? YES / NO / I don't know

Has your dog ever jumped or climbed a fence? YES / NO / I don't know

Has your dog ever growled or snapped at anyone whose tried to touch his/her bones, toys, treats or food?
YES / NO / I don't know

Does your dog play with other dogs on a regular basis? YES / NO

If yes, do you feel your dog plays nicely with other dogs? YES/NO

Please explain: _____

Does your dog prefer other dogs of certain sexes? YES / NO / I don't know

If yes, which sex? _____

Does your dog automatically dislike any kind of dog? YES / NO / I don't know

If yes, which kind? _____

How does your dog react to puppies?

Happy to see them Go away, I don't like you Indifferent (Please circle one)

How does your dog react to strangers?

Happy to see them Go away, I don't like you Indifferent (Please circle one)

Does your dog automatically dislike any kind of person? YES / NO

If yes, which kind: _____

Please describe any behavioral problems/idiosyncrasies/special sensitivities we should be aware of:

Has your dog ever showed any signs of aggression? YES / NO If yes, please explain: _____

I _____ certify that the information within is truthful and accurate to the best of my knowledge. Should any of the above information change, I understand that it is my responsibility to contact The Playground and advise the staff of such changes immediately. I am aware that after submitting this enrollment form that The Playground and its representatives can choose to not accept my dog as a playground attendee. I am also aware that completing this form does not guarantee my admittance to The Playground and that a formal behavioral assessment and evaluation will be given before granting my acceptance.

Today's Date: _____

Printed Name: _____

Signature: _____