



Health/Medical Information

Dog's Name _____ Parent's Name _____

Please tell us about any medications your dog is taking.

Any allergies to food or medicine?

Any medical conditions/restrictions we should be aware of?

Current flea prevention and when was it last applied?

Dates of last vaccinations (must submit proof):

Rabies _____ DHLPP _____ Bordetella _____

All dogs over 6 months of age must be spayed/neutered.

When was your dog spayed/neutered? _____

Behavior/Temperament

What is the primary reason you have chosen daycare for your dog? _____

How long have you had your dog? _____

Where did you get your dog? _____

My dog (please check all that apply):

- Experiences separation anxiety
- Runs away when off-leash
- Climbs fences
- Has been attacked by another dog/abused (please explain) _____
- Anxieties/Fears _____
- Exhibits aggression with food/toys when removed
- Socializes with other dogs (how often) _____
- Aggressive with people
- Automatic fear/dislike of certain types of people _____
- Aggressive with other dogs
- Automatic fear/dislike of certain breeds of dogs _____

Is there anything else you'd like to share about your dog?

By signing below, I certify that this information is accurate and complete. I further certify that my dog is healthy, has the required vaccinations on file, and is free of sickness or disease.

Signature of Parent _____ Date _____