

Holistic Pet Shop

Kill Devil Hills, NC (252) 449-0331

School For Dogs~Doggie Daycare

Application Form

Owner's Information

Name: _____

Home Phone: () _____

Address: _____

Work Phone: () _____

Cell Phone: () _____

Email: _____

Preferred Method of Communication: () Home Phone () Cell Phone () E-mail () Work Phone

Other People Authorized to Pick Up your Dog(s): (list names and phone numbers-Photo ID will be required for pickup)

Emergency Contact: (please list an emergency contact that DOES NOT live or travel with you)

Emergency Contact Name: _____

Relationship: _____

Emergency Contact Phone Number(s): _____

Dog Information

Please complete a separate form for each dog. Please complete this form as accurately as possible. There are no right or wrong answers as each dog is unique. We will use your answers to get to know your dog a little before their "Meet and Greet" Evaluation. Answers to these questions will not necessarily qualify or disqualify your dog for Doggie Daycare.

Dog's Name: _____

Please Circle: Male Female Spayed/Neutered Intact

Dog's Breed: _____

Dog's Color(s)/Markings: _____

Birthday/Age: _____

When did you acquire your dog? _____

Where did you get your dog from? () Breeder () Shelter () Rescue () Found as a Stray

() Friend () Pet Store () Newspaper Ad () Other: _____

If adopted, do you know anything about the dog's history? () yes () no

If yes, please explain: _____

Are there any other pets in the household? Yes No

If so, please list:

Species/Breed	Age	M/F	Spayed/Neutered	
_____	_____	_____	Yes	No
_____	_____	_____	Yes	No
_____	_____	_____	Yes	No
_____	_____	_____	Yes	No

Feeding Information

What is your dog's regular diet?

() Dry Brand/flavor: _____

() Canned Brand/flavor: _____

() Raw Brand/flavor: _____

() Cooked/Home-prepared Type/Brand/flavor: _____

Feeding Instructions (quantity, frequency, etc): _____

Please list any supplements: _____

Does your dog have any allergies? () yes () no

If yes, please list: _____

Can your dog have treats? () yes () no Comments: _____

Health Information

Has your dog had any illnesses in the last 30 days? () yes () no

If yes, please describe: _____

Please list any current health conditions and/or injuries your dog has and/or is being treated for: _____

Please list any current medications (name, dosage, frequency): _____

Has your dog been vaccinated previously for Rabies, Distemper, and Parvo? () yes () no

Is your dog currently on Heartworm prevention? () yes () no Brand/Type: _____

Is your dog currently on flea/tick prevention? () yes () no Brand/Type: _____

Anything else we should be aware of regarding your dog's health? _____

Please check all that apply to your dog:

- () Allowed to run free in the home: Supervised / Unsupervised
() Allowed to run free in a fenced yard: Supervised / Unsupervised
() Jumped over fence in yard Fence height: _____
() Dug under fence in yard
() Leash walked only () Outside and unleashed but supervised

How much exercise is your dog currently getting?

- () Couch Potato () Daily Walk () Walk 1-3 times per week
() Daily off leash play () Weekly off leash play () Other: _____

What is your dog's training history? (please check all that apply)

- () No training () Private training sessions () Trained yourself
() Puppy Kindergarten () Group Class-basic/beginner () Group Class-advanced
() Obedience titles/awards () Agility

What commands does your dog know? (check all that apply)

How well does s/he obey them? (please circle one)

- | | | | | |
|----------------------|------------------|-----------|--------------|-------|
| () Sit | Most of the time | Sometimes | Occasionally | Never |
| () Down | Most of the time | Sometimes | Occasionally | Never |
| () Come | Most of the time | Sometimes | Occasionally | Never |
| () Drop it/leave it | Most of the time | Sometimes | Occasionally | Never |
| () Stay | Most of the time | Sometimes | Occasionally | Never |
| () _____ | Most of the time | Sometimes | Occasionally | Never |
| () _____ | Most of the time | Sometimes | Occasionally | Never |

Personality

What do you like most about this dog? _____

If you could change anything about this dog, what would it be? _____

Please circle the words that describe your dog: (circle all that apply)

Mellow	High Energy	High Strung	Jealous
Predatory	Dominant	Alert	Fearful
Shy	Unruly	Happy	Anxious
Submissive	Demanding	Goofy	Pushy
Playful	Well-behaved	Immature	Mean
Silly	Hyper	Stubborn	Protective
Sweet	Aggressive	Possessive	Wonderful

Play Style with Other Dogs: (please circle all that apply)

Has many dog friends	Likes off-leash parks	Loves to wrestle
Loves to chase	Loves to be chased	Fetch dog
Barky	Herds other dogs	Guards toys
Nippy	Gets mounted frequently	Frequently mounts
Hates being mounted	Afraid of big dogs	Scares small dogs
Gentle with small dogs	Likes people better than dogs	

Behaviors: (please circle all that apply)

Food Thief	People Aggressive	Food Possessive
Jumps on People	Mouthy/Bites Dogs	Mouthy/Bites People
Eats Poop	Eats Non-Food Items	Destroys Toys
Noise Phobias	Behaves aggressively when on leash	Toy Possessive
Barks Excessively	Growls at Strangers	Does not Obey
Chews Excessively	Escape Artist	Afraid of Vacuums
Separation Anxiety	Hunts/Kills Small Critters	Pees/Poops in House
Guards Food Bowl	Guards House or Yard	
Can't Grab Collar	Dislikes Being Groomed	

Please circle Yes or No for each of the following questions.

- Has this dog ever show aggression towards adults or children (growling, snapping, lunging, etc)? Yes* No
- Has this dog ever bitten a person or child? Yes* No
- Has this dog ever bitten another dog or animal? Yes* No
- Has this dog ever bitten and broken the skin and/or left a bruise or mark on a person or animal? Yes* No
- Has this dog ever shown aggression towards large dogs? Yes* No
- Has this dog ever show aggression towards small dogs? Yes* No
- Has this dog ever harmed cats or small animals (not including chasing in yard or on walks)? Yes* No
- Is this dog food possessive? Yes* No
- Is this dog toy possessive? Yes* No
- Does this dog exhibit signs of "Separation Anxiety?" Yes* No
- Does this dog respond to basic requests/commands? Yes No
- Does this dog bark excessively at strangers? Yes* No
- Does this dog lunge and/or bark while on leash? Yes* No
- Is this dog on any medications for behavior issues or thyroid problems? Yes* No
- Is this dog destructive to objects? Yes* No
- Is this dog destructive to furniture? Yes* No
- Is this dog shy? Yes* No
- Is this dog crate trained? Yes No
- Will this dog bark excessively (more than a few times) if crated? Yes* No
- Has your dog shown signs of "marking" territory? Yes No
- Is this dog known to jump fences? Yes* No If yes, fence height: _____
- Does this dog have any known fears or anxieties? Yes* No
- Does this dog have a habit of eating inappropriate items? Yes* No
- Has this dog participated in an obedience class? Yes No
- Has this dog attended off leash parks? Yes No

If you circled a Yes with an *, please describe or explain: _____
