

DOG DAYCARE APPLICATION

Gateway
Paw
House



Fun doggy day
care and pet salon

How did you hear about Gateway Paw House?

Your Name

Address _____

City _____ State _____ Zip _____

Home/Cell Phone # _(____)_____ Work # _(____)_____

Email _____

If we can't get in touch with you who, can we call?

Contact Name _____

Address _____

Home/Cell Phone # _(____)_____ Work # _(____)_____

Veterinarian

Name/Office _____ Phone #(____)_____

PET INFORMATION

Name _____

Sex M / F

Spayed/Neutered Y/N

Age _____ Birthday _____

Breed _____

Color _____ Weight _____

Microchip Y / N # _____

Please provide an updated shot record printout from your veterinarian prior to boarding.

DHLPP _____

Bordetella every 6 months _____

DHPP _____
DHLPP/C _____
Other _____

Rabies (one year) _____
Rabies (three year) _____

Flea and Tick Prevention _____

General Information

Is your dog allowed to have treats Y / N What type? _____

Where did you get this dog? _____

How long have you had him/her? _____

If you have not had him/her from puppyhood, what do you know about any prior history?

Are there any other animals in the household? (species/breed/age)

What is the human makeup of the household?

Adult Males _____ Adult Females _____

Children/Ages _____

Which family member is your dog most fond of? _____

Which sex is your dog most fond of? M / F

Please describe your dog's overall temperament: _____

How does your dog react to other dogs? (Generally)

(Inside your home)

Has your dog ever participated in play at a dog park? Y / N

If yes, how did he/she react with other dogs? _____

How does your dog react to strangers? _____

Does your dog have any kinds of people he/she automatically fears or dislikes? Y / N

If yes, describe: _____

Does your dog have any kinds of dogs that he/she automatically fears or dislikes? Y / N

If yes, describe: _____

Has your dog ever bitten someone? Y / N

If yes, describe: _____

Has your dog ever been a fight or bitten another dog? Y / N

If yes, describe: _____

Has your dog ever escaped/attempted to escape by digging/jumping/climbing fences? Y / N

If yes, describe: _____

Does your dog jump on people? Y / N

If yes, describe: _____

Do you walk your dog? Y / N

How often: _____ Distance: _____

What other exercise does your dog receive? _____

How often? _____

What other behavioral problems does your dog have? _____

Does your dog have a circumstances or situation that he/she is frightened of? Y / N

If yes, describe: _____

Describe how you calm your dog during this situation: _____

Is your dog house broken or crate trained? _____

Does your dog play with toys? Y / N

What kind? _____

Is your dog toy possessive? Y / N

If yes, describe: _____

Has your dog shared toys/food/water with other dogs before? Y / N

Where there any problems? _____

Has your dog ever played on playground or agility equipment before? Y / N

Do you feel play equipment would be inappropriate for your dog? Y / N

If yes, describe: _____

Does your dog prefer a particular sex of dog?

Describe: _____

Has your dog ever received any formal training? Y / N

Where and when? _____

Does your dog know any commands? Y / N

If yes, describe: _____

What special commands does your dog know? _____

Bathroom command _____ Play command _____

Quiet Command _____

What do you do with him when you leave home? _____

How does he/she react when you get home? _____

Medical concerns

Does your dog have any health concern that you are aware of? Y / N

If yes, describe: _____

Does your dog have any medical restrictions on his/her activities? Y / N

If yes, describe: _____

Is your dog currently on any medications? Y / N

If yes, describe: _____

Does your dog have any allergies? Y / N

If yes, describe: _____

Pampering and Grooming

Does your dog like to receive brushings? Y / N

How often is he /she brushed? _____

How does your dog react to getting his/her nails clipped? _____

Does your dog have any areas on his/her body that he/she does not like touched? Y / N

If yes, describe: _____

Does your dog have a special place that he/she likes to be petted or rubbed? Y / N

If yes, describe: _____
