



## Enrolment Form

### Owner's information:

#### Owner 1:

Owner's name: (please list all owners) \_\_\_\_\_

Address: \_\_\_\_\_

Tel no: \_\_\_\_\_ Cell no: \_\_\_\_\_

Email address: \_\_\_\_\_

#### Owner 2:

Owner's name: (please list all owners) \_\_\_\_\_

Address: \_\_\_\_\_

Tel no: \_\_\_\_\_ Cell no: \_\_\_\_\_

Email address: \_\_\_\_\_

#### Emergency Contact:

Emergency contact person: (other than yourself) \_\_\_\_\_

Cell no: \_\_\_\_\_ Relationship: \_\_\_\_\_

How many days per week would you like to use the day care? \_\_\_\_\_

(Minimum of one day per week)

Referred by: \_\_\_\_\_

### Dog's information:

#### Dog 1:

Dog's name: \_\_\_\_\_ Sex: \_\_\_\_\_

Breed: \_\_\_\_\_ Date of birth: \_\_\_\_\_

Neutered/spayed: \_\_\_\_\_ If not, when? \_\_\_\_\_

List known allergies: \_\_\_\_\_

Date of last vaccinations: \_\_\_\_\_ Date vaccinations due: \_\_\_\_\_

Flea and tick preventative: Yes \_\_\_\_\_ No \_\_\_\_\_

Brand of flea and tick preventative: \_\_\_\_\_

Give any health issues we need to be aware of: (hip or heart problems, seizures etc)

\_\_\_\_\_

Dog 2:

Dog's name: \_\_\_\_\_ Sex: \_\_\_\_\_

Breed: \_\_\_\_\_ Date of birth: \_\_\_\_\_

Neutered/spayed: \_\_\_\_\_ If not, when? \_\_\_\_\_

List known allergies: \_\_\_\_\_

Date of last vaccinations: \_\_\_\_\_ Date vaccinations due: \_\_\_\_\_

Flea and tick preventative: Yes \_\_\_\_\_ No \_\_\_\_\_

Brand of flea and tick preventative: \_\_\_\_\_

Give any health issues we need to be aware of: (hip or heart problems, seizures etc)

\_\_\_\_\_

Vet clinic: \_\_\_\_\_ Vet's name: \_\_\_\_\_

\_\_\_\_\_

**Your dog's profile:**

Dog 1:

- How long has your dog been in your family? \_\_\_\_\_
- Where did you get your dog? \_\_\_\_\_
- Has your dog had any obedience training? Yes: \_\_\_\_\_ No: \_\_\_\_\_
- Is your dog used to being touched? Yes: \_\_\_\_\_ No: \_\_\_\_\_ I don't know: \_\_\_\_\_
- Is your dog comfortable with being lead by his collar? Yes: \_\_\_\_\_ No: \_\_\_\_\_ I don't know: \_\_\_\_\_
- Has your dog growled or snapped at someone when chewing on bones, food or toys? Yes: \_\_\_\_\_ No: \_\_\_\_\_ I don't know: \_\_\_\_\_
- Does your dog socialise with other dogs on a regular basis? Yes: \_\_\_\_\_ No: \_\_\_\_\_ If yes, would you say he/she is sociable? \_\_\_\_\_
- Does your dog prefer certain sexes? Yes: \_\_\_\_\_ No: \_\_\_\_\_ If yes, which sex: \_\_\_\_\_
- Does your dog dislike any kind or breed of dog? Yes: \_\_\_\_\_ No: \_\_\_\_\_ If yes, what kind: \_\_\_\_\_
- \_\_\_\_\_
- How does your dog react to puppies? Friendly: \_\_\_\_ Doesn't like them: \_\_\_\_ Indifferent to them: \_\_\_\_\_
- How does your dog react to strangers? Friendly: \_\_\_\_ Doesn't like them: \_\_\_\_ Indifferent to them: \_\_\_\_\_
- Does your dog automatically dislike any type of person? Yes: \_\_\_\_\_ No: \_\_\_\_\_ If yes, what kinds? \_\_\_\_\_

\_\_\_\_\_

Dog 2:

- How long has your dog been in your family? \_\_\_\_\_
- Where did you get your dog? \_\_\_\_\_
- Has your dog had any obedience training? Yes: \_\_\_\_\_ No: \_\_\_\_\_
- Is your dog used to being touched? Yes: \_\_\_\_\_ No: \_\_\_\_\_ I don't know: \_\_\_\_\_
- Is your dog comfortable with being lead by his collar? Yes: \_\_\_\_\_ No: \_\_\_\_\_ I don't know: \_\_\_\_\_

- Has your dog growled or snapped at someone when chewing on bones, food or toys? Yes: \_\_\_\_\_ No: \_\_\_\_\_ I don't know: \_\_\_\_\_
- Does your dog socialise with other dogs on a regular basis? Yes: \_\_\_\_\_ No: \_\_\_\_\_ If yes, would you say he/she is sociable? \_\_\_\_\_
- Does your dog prefer certain sexes? Yes: \_\_\_\_\_ No: \_\_\_\_\_ If yes, which sex: \_\_\_\_\_
- Does your dog dislike any kind or breed of dog? Yes: \_\_\_\_\_ No: \_\_\_\_\_ If yes, what kind: \_\_\_\_\_
- How does your dog react to puppies? Friendly: \_\_\_\_ Doesn't like them: \_\_\_\_ Indifferent to them: \_\_\_\_\_
- How does your dog react to strangers? Friendly: \_\_\_\_ Doesn't like them: \_\_\_\_ Indifferent to them: \_\_\_\_\_
- Does your dog automatically dislike any type of person? Yes: \_\_\_\_\_ No: \_\_\_\_\_ If yes, what kinds? \_\_\_\_\_

IF ANY OF THE ABOVE INFORMATION CHANGES, PLEASE NOTIFY US IMMEDIATELY!