



# Day Care Information Sheet

714-898-5800

*\*Please fill out one form for each dog so that we may provide the best possible care for your pet. Thank you.*

Owner's Name: \_\_\_\_\_ Dog's Name: \_\_\_\_\_ Sex: M / F Date Altered: \_\_\_\_\_  
Microchipped: Yes No Chip #: \_\_\_\_\_ Describe Collar: \_\_\_\_\_  
Breed: \_\_\_\_\_ Colors/Markings: \_\_\_\_\_  
Where did you get your dog: \_\_\_\_\_ How long have you owned dog: \_\_\_\_\_  
Has your dog every attended a boarding facility: Yes No If yes, where: \_\_\_\_\_

**Pet's Health Record (must be accompanied by veterinarian records):**

Date of Last Check-up: \_\_\_\_\_ Date of Last Fecal Exam: \_\_\_\_\_  
Flea/Tick Preventative: \_\_\_\_\_ Date Last Given: \_\_\_\_\_  
Any known allergies, medical problems or restrictions: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Has your dog been ill with any communicable diseases in the past month: Yes No

If yes, please describe: \_\_\_\_\_

Vaccination Dates: Rabies \_\_\_\_\_ DHPPV \_\_\_\_\_ Parvo \_\_\_\_\_ Bordatella \_\_\_\_\_

**Walks:**

Please describe your leash: \_\_\_\_\_

Does your dog choke on the leash: Yes No

Are there any special instructions to relinquish pulling/choking: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Playtime:**

Will you be supplying any toys for your dog: Yes No

Is your dog possessive of these toys: Yes No

If yes, please list and describe: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Are there any special games your dog enjoys: Yes No

Please list and describe: \_\_\_\_\_

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**Personality**

Is it okay for your dog to play with other animals: Yes No

If yes, which breed or type of dog does your dog get along with: \_\_\_\_\_

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If no, please explain why or what breed / type of dog: \_\_\_\_\_

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Does your dog have any aggressions toward other animals or people: Yes No

If yes, please describe: \_\_\_\_\_

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Has your dog ever bitten or been bitten: Yes No

If yes, please describe: \_\_\_\_\_

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Does your dog bark/whimper a lot: Yes No

Does your dog dig/scratch: Yes No

Does your dog get frightened easily: Yes No

Does your dog try to escape: Yes No

If yes, please describe all circumstances: \_\_\_\_\_

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Where does your dog like/not like to be touched: \_\_\_\_\_

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What commands does your dog know:

Sit	Give Paw	Other: _____
Stay	Come	Other: _____
Bedtime	Time to eat	Other: _____

Is your dog house trained: Yes No

Is your dog crate trained: Yes No

What is your dog's potty command: \_\_\_\_\_

Anything else we should know: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I, \_\_\_\_\_, have entered the above information as truthfully and accurately as possible.

\_\_\_\_\_

Client Signature

Date