

Paws by the Lake
Doggie Daycare Application

Owners info:

Name: _____

Address: _____

Home Phone: _____

Work Phone: _____

Cell#: _____

Email: _____

How did you hear about Paws by the Lake
doggie daycare? _____

Emergency Contact person:

Name: _____

Home phone#: _____

Work phone#: _____

Pet Info:

Dogs Name: _____

Breed: _____

Age: _____

1. How long have you owned your dog? _____
2. Where did you get your dog? _____
3. How does your dog get along with other pets? _____
4. Has your dog ever bitten or growled at a person or another animal?

5. Is your dog frightened or nervous around anything or anyone? (noises/storms)

6. Is your dog possessive of toys, water bowls, bones, food?

7. Can you remove an object out of your dogs mouth without him/her being aggressive?

8. Does your dog have off leash play with other dogs? Please describe

9. Does your dog have any pre-existing or current health conditions (such as hip dysplasia, arthritis)? If so, any restrictions?

10. Any allergies (food, grass, meds), is your dog on any meds? If so, what?

11. What flea/tick product is your dog currently on? _____
12. Please list any additional information that you would like to share with us:

