

# PAMPERED PET

1000 Carlisle Street

Suite 2350

Hanover, PA 17331

717-634-2891

Fax: 717-969-8446

## DAYCARE AND BOARDING APPLICATION

Daycare is a service designed for social dogs to play and have fun. Safety is our primary goal, therefore, **daycare is not for every dog.** It is not a place for aggressive dogs to learn how to be social. To be accepted into our daycare program, each potential daycare guest must:

1. Complete this daycare and boarding Application/Agreement
2. Meet our vaccination and temperament standards
3. Be spayed or neutered (except puppies under 6 months of age)

### CLIENT INFORMATION

OWNER'S NAME \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home# \_\_\_\_\_ Work# \_\_\_\_\_ Cell# \_\_\_\_\_

### EMERGENCY CONTACT(S):

Name \_\_\_\_\_ Phone \_\_\_\_\_ Relationship \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_ Relationship \_\_\_\_\_

Others authorized to pick up my pet \_\_\_\_\_

Veterinary Clinic of Record \_\_\_\_\_

My Veterinarian \_\_\_\_\_

Clinic Address \_\_\_\_\_

Clinic Phone \_\_\_\_\_

## PET INFORMATION

Pet's Name \_\_\_\_\_

Primary Breed \_\_\_\_\_ Color \_\_\_\_\_

Sex: Male \_\_\_\_\_ Female \_\_\_\_\_ Spayed \_\_\_\_\_ Neutered \_\_\_\_\_ Weight \_\_\_\_\_

Birth date \_\_\_\_\_ How long have you had this pet? \_\_\_\_\_

This pet is from: Rescue \_\_\_\_\_ Store \_\_\_\_\_ Breeder \_\_\_\_\_ Stray \_\_\_\_\_ Other \_\_\_\_\_

## MEDICAL INFORMATION

Date of Last Physical Exam \_\_\_\_\_

Date of Rabies Vaccination \_\_\_\_\_ 1 year \_\_\_\_\_ 3 year \_\_\_\_\_

**(Must provide a copy of rabies vaccination certificate) to be kept on file.**

Other Required Vaccines include: Distemper, parvovirus, and bordetella. (Must provide certificate of vaccination from Veterinarian)

Does your pet have any injuries/health concerns that require special attention? Y / N

If yes, please explain \_\_\_\_\_

Does your dog have hip dysplasia? Y / N

If yes, are there any restrictions on your dog's activities or movements? \_\_\_\_\_

Please explain \_\_\_\_\_

Is your pet taking any medications? Y / N

If yes, please specify medications and the condition being treated \_\_\_\_\_

# BEHAVIORAL INFORMATION

## ATTRIBUTES

Fence Climber  
 Digger  
 Jumps  
 Protective  
 Mouthy  
 Fear of Noise/Thunder  
 House Broken  
 Paper Trained  
 Afraid of Men  
 Other \_\_\_\_\_

## PERSONALITY

Outgoing  
 Verbally Sensitive  
 Timid  
 Affectionate  
 Pushy  
 Aggressive  
 Excitable  
 Playful  
 Independent

## BEHAVIOR

Will bite  
 May Bite  
 Growls  
 Snaps  
 Shows Teeth  
 Freezes  
 Trembles  
 Moves Away  
 A Perfect Angel

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## MY PET:

## LIKES    DISLIKES

## PLAYS BEST WITH:

(Please circle)

(Please circle)

Getting hugs	X	X
Being brushed	X	X
Being around other dogs	X	X
Being touched while sleeping	X	X
Being touched on ears	X	X
Being touched on paws	X	X
Being touched on mouth	X	X
Being touched on tail	X	X
Having nails clipped	X	X

No dogs  
Big dogs  
Little dogs  
Older dogs  
Younger dogs  
Puppies

Does your pet engage in any unusual or repetitive behaviors? Y / N

If yes, please explain \_\_\_\_\_

Has your pet ever bitten a person? Y / N

Has your pet ever bitten another dog? Y / N

Any additional information we should know about your pet? \_\_\_\_\_

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## **BOARDING DOGS (Please fill out even if you do not expect to board)**

Brand of dog food \_\_\_\_\_ Wet \_\_\_\_\_ Dry \_\_\_\_\_ Both \_\_\_\_\_

How many meals a day do you feed your dog \_\_\_\_\_

If only once a day, when do you feed?      Morning      Or      Evening (Circle)

How much do you feed at each meal? \_\_\_\_\_