

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

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? _____

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? _____