



Enrollment Form

Owner's Name: _____
Address: _____
Home Phone: _____ Other Phone(s): _____
E-Mail: _____
Work Phone: _____
Today's Date: _____

Emergency Contact

Name: _____ Relationship: _____
Home Phone: _____ Work/Cell Phone: _____

Any person besides yourself that has permission to pick-up your dog:

Pet Information

Name: _____ Age: _____ Birthday _____
Breed (or if mixed, main breed): _____
Where did you get your dog? BREEDER PET STORE FRIEND SHELTER OTHER _____
When did you get your dog? _____ How old was he/she at the time? _____
Sex: _____ Spayed or Neutered (circle one) Apx. Weight: _____

Medical Information

Veterinarian name: _____ Clinic: _____
Any allergies? _____
Is your dog on heartworm preventative? _____ Is your dog on flea/tick control? _____

Is your dog on any medications (besides heartworm preventative and flea/tick control)? If yes, please list:

Medication: Dosage: Why it is prescribed:
1. _____
2. _____
3. _____

What type (and brand) of food do you feed your dog? _____

Are there any previous injuries, medical issues or medical conditions that daycare staff should be aware of?

(Over)