



## Enrollment Form

Owner's Name: \_\_\_\_\_  
Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zipcode \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Mobile: \_\_\_\_\_ Work: \_\_\_\_\_  
E-Mail: \_\_\_\_\_  
Today's Date: \_\_\_\_\_

### Emergency Contact

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Work/Cell Phone: \_\_\_\_\_

Any person(s) 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) Approx. 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)