



FOR OFFICE USE ONLY

Enrollment Form _____ Enrollment Fee _____ Vaccines _____
Staff Screened _____ First Day _____

Dog Day Care Emergency Contact Information

Owner Information

Name: _____

Address: _____

E-mail: _____

Home phone: _____ Work phone: _____

Cell phone: _____ Other: _____

Emergency contact (other than above)

Name: _____

Home phone: _____ Work phone: _____

Pet Information

Name: _____ Breed: _____ Sex: M / F

Birthdate: _____ Weight: _____

Veterinarian

Name: _____ Clinic: _____

Address: _____

Phone: _____

Pet Personality Profile

General Information

Owners Last name _____

How did you hear about our daycare? _____

Dog's Name _____

Date you acquired dog: _____

Dog's Breed _____

Sex: M/F

Age: _____

Spayed/Neutered: yes/no

At what age? _____

Where did you get your dog? _____

If adopted, do you have any knowledge of your dog's past history? _____

Does your dog like children? _____ How does your dog behave around

children? _____

Do you have other animals in your household? _____ If so, list type, sex and age of each:

How does your dog get along with other resident animals? _____

Health/Grooming

Does your dog have any problem with fleas? (ie. allergies) _____

Other allergies? _____ Does your dog have hip dysplasia, bone/joint,

arthritis problems? _____ If yes, what restrictions need to be placed on your

dog's activities or movements? _____

How does your dog react to being brushed? Wiped with towels, feet handled, nails trimmed,

etc.? _____

Any sensitive areas on his/her body? _____

What are your dog's favorite petting spots? _____

Behavior

Does your dog act afraid of any specific items or noises? If so, please explain:

How does your dog react to strangers coming into your yard or home? _____

Does your dog ever growl or bark at anyone passing outside your home or yard? _____

Are there any kinds of people your dog automatically fears or dislikes? _____

Are there any kinds of dogs your dog automatically fears or dislikes? _____

How does your dog interact with puppies? _____

Has your dog ever: Growled at someone? _____

What were the circumstances: _____

Bitten someone? _____ What were the circumstances? _____

Does your dog have problems in any of the following areas: (if so, please explain)

Mouthiness: _____ Houstraining: _____

Barking: _____ Digging: _____

Jumping: _____ Other: _____

Has your dog ever growled or snapped at anyone who has tried to take his/her food or toys away from him/her? _____ If yes, what were the circumstances? _____

Has your dog ever shared his/her food or toys with other animals? _____

Does your dog play with toys? _____ If yes, what kinds does your dog like and what games does he/she play? _____

Does your dog play with other dogs? _____

Has your dog had any formal obedience training? _____ If yes, when and where? _____

What commands does your dog know? _____

Other comments about your dogs personality which you feel may be helpful: _____

Please return all forms along with a current vaccination record, including Rabies certificate to:
Positive Way Dog Training
P.O. Box 245
Belleville, MI 48112