

Dog's name: _____ Type: _____

Dog's age: _____

Your name: _____

Address (optional): _____

Phone #: H _____ W _____ C _____

Email: _____

Emergency contact Name _____ # _____

Puppy

Date of arrival in home _____ Age on arrival _____ Birthday _____

Where did you find your dog? _____

Name & location of shelter, rescue or breeder _____

Health

Vet Clinic _____ Which vet do you usually see? _____

Please list date (most recent) and dog's age for the vaccines below:

Vaccines parvo _____
distemper _____
rabies _____
bordetella _____

Vaccine protocols have changed. Thanks to long term studies there is now a better understanding of the effectiveness and length of immunization of various vaccines and the effects they have on our dogs' well-being. The institutions that conduct these studies and create the standards for the vets to follow no longer advocate or recommend annual vaccination. We have followed the vaccine protocols set out by Purdue University and University of Colorado since 1999. Please note that we DO NOT require annual boosters. We encourage you to have titer tests before revaccinating. We DO NOT require dogs attending to have the kennel cough vaccine (bordetella). To enable you to make choices that are right for your individual dog and lifestyle, it is important to educate yourself and discuss the options with your vet.

When was your dog spayed / neutered? age _____ date _____

Allergies _____

Health issues / injuries _____

Food (brand) _____ chicken beef lamb other

Treats _____ beef chew antler peanut butter kong

Did you do an early socialization class (8-14 wks) with your dog? Yes No If yes, at what age? _____

Where _____ (school, business name)

Have you taken any other classes? Please list along with age and date and where:

1. _____
2. _____
3. _____

Do you use any compulsion / correction equipment? (shock, prong or slip collars, electric fencing)

Do you do any sports with your dog? Tracking Agility Rally O Flyball Treibball Other _____

Are you now or have you worked with a trainer to resolve any behavioural issues? Yes No

If yes, what was the issue? _____

Who was your trainer? _____ Was the issue resolved? Yes No

Do you use a walker? Yes No If yes, who? _____

Has your dog attended another daycare? Yes No If yes, where? _____

Parenting

Can you leave your dog at home alone? Yes No

If yes, for how long? _____ Where? crate segregated area free

Are there areas off limits to your dog in your home? _____

Do you regularly ask your dog to go to their crate / bed during the day? (not including time-outs)

Are they left out in the yard alone? _____

How is your dog fed? food left out in dish all day fed from dish at mealtimes fed from kongs, etc

Do you use a straight leash or extendable on walks? _____

Where does your dog sleep at night? _____

Additional information _____

How did you find out about dog**days**? phone book ad web blog magazine article friend drive-by

If you have any questions about filling this form out, please call us at **604 990 3640**. We look forward to meeting you! If you have any problems with your interview time, please call. We've saved a special spot for you.

dogdaysdaycare@telus.net

dogdaysdaycare.com

