

Lucky Dog Day Camp Application

Owner's Information

- Name: _____
- Address: _____
- City: _____ State: _____ Zip Code: _____
- Place of Employment: _____ Work Phone: _____
- Home Phone: _____ Cell Phone: _____
- E-mail Address: _____
- Please List Other Persons Authorized to Pick Up Your Pet and Their Relationship to You:

- Emergency Contact (other than self): _____
- Relationship: _____ Home Phone: _____
- Work Phone: _____ Cell Phone: _____
- How Did You Hear About Lucky Dog Day Camp?

- What Are Your Reasons For Enrolling Your Pet Into Daycare? (Socialization, Exercise, Separation Anxiety): _____

Pets Information (General)

- Name: _____ DOB: _____ Sex: Male ___ Female ___
- Breed: _____ Color/Markings: _____ Weight: _____
- Spayed (When?) _____ Neutered (When?) _____ Neither _____
- Is Your Dog Microchipped? Yes ___ No ___ Microchip #: _____
- Brand of Food: _____ Allergies: _____
- Quantity and Number of Times Fed Each Day: _____

- Any Special Instructions For Feeding? _____
- Can Your Pet Have Treats? Yes ____ No ____ Type: _____
- What Are Your Pet's Favorite Activities/Toys? _____

Pet's Information (History)

- How Long Have You Owned Your Pet? _____
- Where Did You Get Your Pet? _____
- If Adopted, Do You Have Any Knowledge of Your Pet's History? Yes ___ No ___
If Yes, Please Describe: _____

- Has Your Pet Ever Been to Obedience Training? Yes _____ No _____
If Yes, Please Describe: _____
- Does Your Pet Know Any Commands? Yes _____ No _____
If Yes, Which Ones? _____

- Is Your Pet Afraid of Any Specific Items, Noises, or Situations? (Crate, Muzzle, Nail Trim, etc.)
Yes ___ No ___
If Yes, Please Describe: _____

Pet's Information (Health)

- Veterinarian's Name: _____
- Clinic Name: _____
- Address: _____
- City: _____ State: _____ Zip Code: _____
- Phone Number: _____ Fax Number: _____
- Any Medical or Health Conditions/Injuries? Yes _____ No _____
If Yes, Please Describe: _____

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- Is Your Pet Currently Taking Any Medications? Yes _____ No _____

If Yes, Please Describe (Include Type, Dosage, Times Given, and Any Special Instructions):

- Is Your Pet on Any Flea/Tick/Lice Treatment? Yes _____ No _____

If Yes, Please List Type of Treatment, Brand, and Last Date Given:

- Does Your Pet Have Any Sensitive Areas on His/Her Body? Yes _____ No _____

If Yes, Please Describe: _____

- When Is Your Pet Due for the Following Vaccinations? (Please Provide Written Verification From Your Veterinarian)

Rabies: _____

DHLP-PVO: _____

Bordetella: _____

- Is Your Pet Currently on Heartworm Medication? Yes _____ No _____

Pet's Information (Personality and Temperament)

- Describe Your Pet's Personality (Mark All That Apply):

Mellow/Calm _____ Shy/Submissive _____ Playful _____ High Energy _____

Dominant/Alpha _____ Well Behaved _____ Unruly _____

- Has Your Pet Ever Bitten a Person, Dog, or Other Animal? Yes _____ No _____

If Yes, Please Describe: _____

- Has Your Pet Ever Growled at or Shown Aggressive Behavior Towards People, Strangers, Children, Puppies, or Other Animals? Yes _____ No _____

If Yes, Please Describe: _____

- Does Your Pet Socialize/Play with Other Dogs on a Regular Basis? Yes ___ No ___

If Yes, Please Describe: _____

- Please Mark All That Apply to Your Pet:

People Aggressive ___ Dog Aggressive ___ Food Possessive ___

Toy Possessive ___ People Possessive ___ Jumps Up On People ___

Barks Excessively ___ Chews Excessively ___ Separation Anxiety ___

Digs ___ Runs Away ___ Destroys Toys/Clothing ___

Escapes ___ Eliminates Indoors ___ Stool Eater ___

Jumps Fences ___ Does Not Obey ___ High Strung ___

Destroys Furniture ___ Timid ___ Fears Loud Noises ___

Mouthy/Bites ___ Eats Rocks ___ Leash Trained ___

- Does Your Pet Have Any Fears or Phobias? Yes___ No___

If Yes, Please Describe: _____

- Is There Anything Else We Should Know About Your Pet?
