



## Masters n' Dogs Daycare & Spaw Enrollment Form

Date:

Registered staff name:

### Pet Parent info

Please complete for each caregiver if applicable:

#### Pet Parent / Caregiver 1

First name: \_\_\_\_\_ Last name: \_\_\_\_\_

Street Address: \_\_\_\_\_ Apt: \_\_\_\_\_

City: \_\_\_\_\_ Postal code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Email address: \_\_\_\_\_

#### Pet Parent / Caregiver 2

First name: \_\_\_\_\_ Last name: \_\_\_\_\_

Street Address: \_\_\_\_\_ Apt: \_\_\_\_\_

City: \_\_\_\_\_ Postal code: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Email address: \_\_\_\_\_

**How did you hear about Masters n Dogs Daycare & SPAW? (Check all that apply)**

- Driving/Walking by Masters n' Dogs store    Masters n' Dogs Vehicle    Vet  
 Google    Internet    Friends/Family: \_\_\_\_\_    Other: \_\_\_\_\_

**Emergency Contacts (Must be different from Primary Pet Parent/Caregiver)**

Name: \_\_\_\_\_ Home: \_\_\_\_\_ Cell: \_\_\_\_\_

Name: \_\_\_\_\_ Home: \_\_\_\_\_ Cell: \_\_\_\_\_

**If anyone other than the guardian(s) has permission to pick up your dog, please give us their names:**

\_\_\_\_\_

**Vet Info**

Name of Clinic: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

DHPP (Distemper, Hepatitis, Parvovirus, Parainfluenza) expiry date: \_\_\_\_\_

Rabies expiry date: \_\_\_\_\_

Bordatella expiry date: \_\_\_\_\_

Titers date (if applicable): \_\_\_\_\_

**Is your dog on any flea/heartworm prevention program?**  Yes    No

Name of flea treatment product: \_\_\_\_\_ Last treatment date: \_\_\_\_\_

**Does your Dog have any allergies?**  Yes    No

If yes, explain:

\_\_\_\_\_

## Dog Info

Name: \_\_\_\_\_ Breed: \_\_\_\_\_

Sex: \_\_\_\_\_ Age: \_\_\_\_\_ Birthday: \_\_\_\_\_

Spayed or Neutered:  Yes  No At what age was this done? \_\_\_\_\_

Weight (approximate): \_\_\_\_\_ Colour/markings: \_\_\_\_\_

Distinguishing physical characteristics:

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Microchip or Tattoo:

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### Where did you get your dog?

Breeder  Newspaper ad  Pet Store  Rescue  Friend/family

Other (please specify): \_\_\_\_\_

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

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How long have you had your dog? \_\_\_\_\_

Does your dog have any physical or medical problems in the past or present that we should be made aware of?  Yes  No

If yes, please elaborate:

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## Temperament & Behavior

Has your dog ever been in daycare?  Yes  No

If applying for daycare, what are your reasons for enrolling in daycare?

Socialization & Play  Exercise  Long day  Other: \_\_\_\_\_

Has your pet ever been boarded before?  Yes  No

If yes, where? \_\_\_\_\_

Was it a good experience for you dog? Please elaborate:

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Does your pet have separation anxiety issues?  Yes  No

If yes, please elaborate:

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Has your dog ever escaped a fence (over or under)?  Yes  No

Does your dog like to escape through doors?  Yes  No

Has your dog had any formal obedience training?  Yes  No

Is your dog housetrained?  Yes  No

Has your dog ever bitten a person or animal?  Yes  No

If yes, please elaborate:

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Does your dog guard his/her toys?  Yes  No Toys?

Does your dog guard his/her food?  Yes  No

If yes, please elaborate:

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**Describe what happens when you take your dog's food or toys away from him/her:**

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**Does your dog get along well or play with other dogs?**  Yes  No

- **Puppies?**  Yes  No
- **Small Dogs?**  Yes  No
- **Large Dogs?**  Yes  No

**Is your dog ever aggressive with other dogs he/she is playing with?**  Yes  No

If yes, what are the circumstances that cause the aggression?

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**What are your dog's fears or dislikes?** (Please list any visual or audible)

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**Does your dog have any sensitive body areas?**  Yes  No

If yes, please elaborate:

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**Is your dog comfortable with having his/her collar touched or handled?**  Yes  No

**Please list favorite toys & games:**

- Ball  Frisbee  "Keep away"  Tug of war  Cuddle
- Belly rubs  Brushing  Massage  Other: \_\_\_\_\_

**What commands does your dog know?**

- Sit  Down  Stay  Come  Leave it  Drop it  Fetch  Heel
- Other: \_\_\_\_\_

**What motivates your dog?**

- Food  Toys  Praise  Attention  Other: \_\_\_\_\_

Rate your dog's energy level "1" being very mellow and "10" being high: \_\_\_\_\_

**Is your dog (please check all that apply):**

Allowed to run free in the home:  supervised  unsupervised

Allowed to run in a fenced yard:  supervised  unsupervised

Leash walks only

Unleashed outside but supervised

**How much exercise is your dog presently getting?**

\_\_\_\_\_

**Does your dog have any exercise limitations?**  Yes  No

If yes, please elaborate:

\_\_\_\_\_

## Feeding

**My dog eats:**  Breakfast  Lunch  Dinner

**How many cups at each meal?** \_\_\_\_\_

**What brand of food do you feed?**

\_\_\_\_\_

**Is your dog allowed treats?**  Yes  No

## Other comments