

DAYCARE AND BOARDING APPLICATION

<p>Dog Name _____ Breed _____ Current Age _____ Date _____ Owner's Name _____ Address _____ City/St/Zip _____ Contact Phone #(____) _____ How many additional pets and what type? _____ Veterinarian _____ Vet's Phone(____) _____ Training classes taken _____ Color _____ Height _____ Weight _____ Sex _____ How old was your pet when you got him/her? _____ Where did you get your dog? ___ Ad in paper ___ Breeder ___ Friend or relative ___ Pet Store ___ Stray ___ Shelter ___ Rescue ___ Other Emergency contact _____ Phone _____ Who may pick up your dog? _____</p>
<p>Immunization Requirements It is the responsibility of the client to provide proof of vaccination for each animal attending Kinder Kritter LLC. Dogs whose shots are not up-to-date will not be allowed to attend. The following vaccinations must be up-to-date within 5 days prior to attendance: Date Given: Distemper _____ Rabies _____ Bordetella(6 month vaccination) _____ OWNER UNDERSTANDS THAT EVEN IF OWNER'S DOG(S) IS VACCINATED AGAINST KENNEL COUGH (BORDETELLA), THERE IS A CHANCE THAT THE OWNER'S DOG CAN STILL CONTRACT KENNEL COUGH. _____(INITIAL) Please list any current medical problems _____ When was your pet's last flea treatment? _____ We will administer Advantix if not up to date for a fee of \$7.50.</p>
<p>Feeding Instruction Name of food _____ Quantity _____ Wet _____ Dry _____ Mix _____ Dry with water _____ Allergies _____ Food Restrictions _____ Is it ok to give your dog treats? Yes ___ No ___ House food? Yes ___ No ___ Last feeding: Date _____ am _____ pm _____ Daily Feeding: Number _____ By whom _____ Approx. time _____</p>
<p>Daily home caretaker is: _____ sex _____ age _____ Number of children and ages _____ Number of adults and ages _____ Daily exercise: ___ Fenced yard only ___ walks by caretaker ___ other, describe _____ Outings with caretaker: Car rides ___ Who _____ Parks ___ Who _____ Frequency _____ Hygiene: by home caretaker: ___ daily ___ weekly ___ monthly: ___ brushed ___ bathed ___ trimmed Where are the pets kept: ___ In the house loose ___ In the house crated ___ In fenced yard ___ Hidden fence ___ In a kennel ___ Tied outside ___ Other _____ Do you want your pet leash walked at Kinder Kritter? ___ Yes ___ No If yes, Do you prefer the sniffer's (short) trail, or tracker's (long) trail? ___ sniffer ___ tracker</p>

You would describe you pet's reaction to home grooming as: check all that apply.

totally cooperative uncooperative wiggly shy nervous tries to get away
 bossy aggressive/bites

Does your pet get groomed? How often? _____

Frequency of professional care monthly by: Vet _____ Stylist _____ Kennel _____

You would describe your pet's reaction to Pet care Professionals (vets, stylists, kennel operators) as:

Check all that apply. friendly loving shy excited apprehensive passive
 nervous frightened aggressive/biting

Health/Medical

Medication: Past _____ Current _____

Seizures: No Yes, what type/frequency _____

Heart Disease: No Yes, what type/frequency _____

Check all applicable: blind deaf arthritis ear infection teeth infections
 spayed/neutered

Allergies, specify to what & medication _____

Other injuries, specify _____

Social Behaviors

Does pet respond to name when called? Yes No

Does pet respond to owner's directions? Yes No

How often does your pet come when called? 100% 75% 50% 25% 0%

Does pet urinate when approached? Yes No

Does pet indulge in self mutilation? Yes No

Is pet housetrained? Yes No If so, specify method _____

Describe how pet reacts to strangers: friendly suspicious shys away frightened
 ignores excited barks jumps on them growls bites

Does your pet react differently to men, women, children, crowds, other adult pets, puppies, being put on a leash, being kenneled, or receiving treats around other pets? Yes No If yes, explain _____

Has your dog ever been in a fight with another dog? Yes No If yes, please describe how many times and the circumstances: _____

What things upset your pet? _____

How does your pet react to riding in the car? _____

How does your pet react to being left alone? _____

What bad habits does your pet have? Check all that apply: barks/howls digs chews
 growls runs away jumps up gets in the trash chases things bites wets
 begs other _____

In stress situation (new situation, stranger, left alone, confined) your pet reacts: wildly active
 poised assured withdrawn lethargic, stiff

Personality Type:

How would you describe your pet's personality? Check all that apply: balanced extremely
introverted introverted mildly introverted extremely extroverted extroverted
 mildly extroverted shy friendly fearful happy aggressive playful nervous
 bored hyperactive loud annoying calm jealous submissive territorial
 finicky indifferent dominant dependent

Social Order:

dominant subordinate leader tendencies

Owner's Signature _____ Date _____