

LAP OF LUXURY

Daycare Information

Pets Name _____

Parents Name _____

Address _____ City _____ State _____

Home Phone _____ Work _____ Cell _____

Breed _____ Birth Date _____

Male/Female _____ Neutered/Spayed _____ If not, when? _____

Food Brand _____ Dry _____ Canned _____

Vet Clinic _____ Treating Vet _____

Emergency Contact Person _____

Relationship _____ Phone Number _____

Referred How? _____

List any known allergies: _____

Describe any medical/health issues we should be aware of (i.e. seizures, heart, hip problems, and etc.) _____

Anything contagious? _____ Yes _____ No _____ If yes, what? _____

Has your dog had obedience training? _____ Yes _____ No _____

Does your dog use a crate? _____ Yes _____ No _____ If yes, are they comfortable? _____

Is your dog comfortable with having his collar used to lead? _____

Has your dog ever growled or snapped at anyone who's touched his bones, food or toys? _____

Does your dog play with other dogs on a regular basis? ___Yes___No If yes, does he/she play nicely?_____

Does your dog prefer certain sexes of dogs? ___Yes___No If, yes, what sex? _____

Does your dog automatically dislike any kind of dog ___Yes___No If yes, What kind of dog? _____

How does your dog react to puppies?_____

How does your dog react to strangers?_____

Does your dog automatically dislike any kind of person? ___Yes___No If yes, what kind of person? _____

Describe any behavioral problems, idiosyncrasies, or special sensitivities we should be aware of: _____

IF ANY OF THE ABOVE INFORMATION CHANGES, PLEASE NOTIFY US!