



Waggin' Tails Application

Owner Information

Today's Date: _____

Name(s): _____

Email Address: _____ (only used for Waggin' Tails info)

Home Address: _____

(street, city, state, zip) _____

Cell phone: _____ Home phone: _____

Work phone: _____ Other: _____

Emergency contact person: _____ Phone: _____

Who is authorized to pick up your dog? _____

Reason for day care? _____

Frequency of day care? _____

How did you hear about Waggin' Tails? _____

Dog Information

Dog's name: _____ Breed: _____

Gender: _____ Age: _____ Spayed/neutered? _____ Birthday: _____

Can your dog jump a 4 foot fence? _____ Can s/he climb fences? _____

Has your dog ever showed aggressive behavior towards another dog or person? _____

If yes, please explain: _____

Has your dog ever been attacked by another dog? _____ If yes, please explain
attack/injuries: _____

How does your dog react to unfamiliar people, including children? _____

Allergies? _____ Medications? _____

Food sensitivities? _____ Dog food brand fed: _____

Is your dog food, toy or space possessive? _____

Circle obedience commands your dog knows: **sit stay come wait off place down leave it watch drop it**

Favorite games/things dog likes: _____

Sensitive area/fears: _____

Anything else we should know? _____

Date of last Distemper/Parvo vaccination: _____ Due: _____

Date of last Rabies vaccination: _____ Due: _____

Date of last Bordetella vaccination: _____ Due: _____

Flea/tick prevention dog is currently on: _____ Frequency: _____

Veterinarian Information

Hospital: _____ Doctor: _____

Address: _____

Phone: _____