



Shamrock Pet Resort
E11340 Hwy PF
Prairie du Sac, WI 53578



Daycare Application

CLIENT INFORMATION:

Name _____ Date _____
 Address _____ City _____ State _____ Zip _____
 Home phone _____ Cell _____ Day phone _____
 Email _____

DOG INFORMATION:

Name: _____ Breed: _____ DOB: _____ Weight: _____
 Sex: NM F SF (UN-NEUTERED Males **NOT** allowed!) Where did you get your dog? _____
 How long have you had your dog? _____ Age of dog when acquired? _____

My dog is: (check all that apply)

- Potty trained? Yes No
- Allowed to run free in the home: Supervised Unsupervised
- Crated when alone in home.
- Allowed to run free in fenced yard: Supervised Unsupervised
- Allowed to run free with shock collar.
- Jumped over fence in yard. Approximately how high of a fence? _____
- Leashed walked only.
- Outside unleashed, unfenced, but supervised.
- Prone to excessive barking

Can your dog have treats? Yes No

Has your dog ever been on any agility equipment? Yes No

My dog plays well with: (check all that apply) Male dogs Female dogs Large dogs Small dogs Cats

My dog is Not Possessive Possessive (growled, snapped) **with:** toys food other: _____
 If possessive, explain: _____

My dog reacts well with strangers: At home. In my yard. In public. Does not react well.

Is your dog afraid of any types of other dogs? Yes No
 If yes, please explain: _____

My dog plays off-leash with other dogs: Well Not Well
 If not well, briefly describe: _____

How does your dog react to puppies? Well Not Well
 If not well, please explain: _____

PLEASE COMPLETE OTHER SIDE OF FORM

Has your dog ever bitten someone or another dog? No An adult A child A dog Other: _____
If yes, please explain: _____

Please indicate your dog's training history: (check all that apply)

- No training Trained yourself Group Puppy class Group Basic Obedience
 Group Advanced Private: _____
 Obedience titles/awards Agility Other: _____

Trained with whom: _____

Does your dog have any problems in the following areas (check all that apply)

- Tail Ears Mouth Paws Hips Nail trims Other: _____

If problems, please explain: _____

Are there any restrictions need to be placed on your dog's activities or movements? Yes No

If yes, please explain: _____

Are there any other physical problems or disabilities which may affect them in daycare? Yes No

If yes, please explain: _____

Are there any other issues we should know about, or you would like us to address? Yes No

If yes, please state behavior and how much of a problem you consider the behavior to be? (Very Serious, Serious, or Not Serious)

How much exercise is your dog presently getting? None Daily walks 3-5x/week 1-2x/week Other: _____

What is the main reason you have chosen daycare for your dog? _____

Please list anyone else who is allowed to pick your dog up from daycare: _____

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HEALTH and TEMPERAMENT CERTIFICATION

I, _____, hereby certify that my dog, _____, is in good health and has not been ill with any communicable diseases in the last 30 days. I further certify that my dog has not harmed or shown aggressive behavior toward any person or any other dog.

Vaccination due dates:

Rabies: _____ Distemper: _____ Leptospirosis (if 3 yr Distemper): _____

Bordetella: _____ Fecal: _____ Other: _____

Flea & Tick Preventive (Type & due date): _____

Is your dog on heartworm prevention tablets? Interceptor Sentinel Heartgard Other: _____

My dog has allergies to: _____

Vaccines were given by whom? (Written proof of vaccines given by veterinarian is required) _____

Signature of Client _____ **Date** _____

Signature of SPSAH _____ **Date** _____