



**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: M  MN  F  FS (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** \_\_\_\_\_