

Chama's Daycare & Boarding

General Information:

Dog's Name _____ Owner's Name _____
Address _____ City _____ State ____ Zip _____
Phone _____ Cell _____ Work _____
Email _____
Breed _____ Age _____ M/F _____
Neutered/Spayed _____ If not, when? _____
Food Type _____ Canned? _____ Dry? _____
Vet Clinic _____ Treating Vet _____
Emergency Contact Person (other than yourself) _____
Relationship _____ Phone _____
Referred How _____
List any known allergies _____
How often might you use the daycare/boarding service _____
Has your dog been enrolled in daycare/boarding before _____

Vaccination/Medical History

Rabies due _____ DHLPP due _____ Bordatella due _____
Yearly heartworm test ___ Yes ___ No Flea & Tick medication ___ Yes ___ No
Describe any medical/health issues we need to be aware of (i.e., seizures, heart/hip problems, etc. _____

Anything contagious ___ Yes ___ No If yes, what _____
Microchip number _____ Brand _____

Dog Profile

Has your dog had any obedience training ___ Yes ___ No

Has your dog ever climbed or jumped a fence ___ Yes ___ No ___ Don't know

Has your dog ever growled or snapped at anyone who's touched his/her food or toys
___ Yes ___ No ___ Don't know

Does your dog routinely play with other dogs? ___ Yes ___ No. If yes, is the play
aggressive or reasonable _____ Comments _____

Does your dog automatically dislike any kind of dog ___ Yes ___ No

If yes, what kinds _____

How does your dog react to strangers ___ happy to see them ___ go away I don't like you
___ indifferent to them

Does your dog automatically dislike any kind of person ___ Yes ___ No If yes, what
kinds? _____

Describe any behavioral problems/idiosyncrasies/special sensitivities we should be
aware of _____

Dates of boarding or extended daycare _____

Note: Please notify us of any changes

Signature

Print