



## Four Paws Doggie Daycare Enrollment Form

### Client Information

Date \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip code \_\_\_\_\_

Phone number \_\_\_\_\_ Email address \_\_\_\_\_

If I am unable to be reached, please contact \_\_\_\_\_

Phone Number \_\_\_\_\_ Relationship \_\_\_\_\_

### Pet information

Name \_\_\_\_\_ Age \_\_\_\_\_ Breed \_\_\_\_\_ Spayed or neutered? Yes No

Color \_\_\_\_\_ Weight \_\_\_\_\_

Do you have insurance for your dog? \_\_\_\_\_

What flea & tick preventative do you use? \_\_\_\_\_ is your dog current? Yes No

Veterinarian \_\_\_\_\_ Hospital \_\_\_\_\_ Phone Number \_\_\_\_\_

### Behavior and Wellness

Has your dog ever bitten or snapped at anyone for any reason? \_\_\_\_\_

Has your dog been socialized with dogs outside of your home? \_\_\_\_\_

Any prior surgeries or injuries? \_\_\_\_\_

Illness, cancer, disease? \_\_\_\_\_

Any food aggression or guarding behavior? \_\_\_\_\_

Allergies? \_\_\_\_\_ Daily medication? \_\_\_\_\_

Can your dog jump over a fence? Yes No

Has your dog attended group play daycare before? \_\_\_\_\_

Reason for leaving other daycare  
\_\_\_\_\_  
\_\_\_\_\_

What do you feed your dog? \_\_\_\_\_

What is your dog's Bucks County dog license number? \_\_\_\_\_

How did you hear about Four Paws? \_\_\_\_\_