



**Love My Doggy
Day Care™**

Pet Registration Form

Please sign, scan and email the completed form to

info@lovemydoggydaycare.com

You can also bring it to our office before your pet's first day. Please be sure to check for accuracy and completeness to ensure admittance.

5120 Butler Pike
Plymouth Meeting, PA 19462



info@lovemydoggydaycare.com
844-705-LOVE (5683)
www.lovemydoggydaycare.com



Love My Doggy
Day Care™

Pet Registration Form

Client Information

How did you hear about Love My Doggy Day Care?

Your name

Address

City, State, Zip

Home phone

Cell

Email address

Who else is allowed to pick up your dog?



Emergency Contact

If we can't get in touch with you who can we call?

Name

Address

City, State, Zip

Home phone

Cell



Medical Records

Who is your dog's primary veterinarian?

Phone

Address

City, State, Zip



Pet Information

Name			
Sex	M <input type="checkbox"/>	F <input type="checkbox"/>	Spayed/Neutered Y <input type="checkbox"/> N <input type="checkbox"/>
Age	<input type="text"/>	Birthday	<input type="text"/> Weight <input type="text"/> lbs.
Breed	<input type="text"/>		Color <input type="text"/>
Microchip	Y <input type="checkbox"/> N <input type="checkbox"/>	Microchip ID#	<input type="text"/>
Where did you get this dog?	<input type="text"/>		
How long have you had him/her?	<input type="text"/>		
Brand and Type of Food	<input type="text"/>		
Feeding Schedule	<input type="text"/>		
Is your dog allowed to have treats?	Y <input type="checkbox"/> N <input type="checkbox"/>		
If yes, what type?	<input type="text"/>		
If you have not had him/her from puppyhood, what do you know of its prior history?	<input type="text"/>		



Socialization Information

Are there any other animals in the household? (Species/ Breed / Age)

What is the make-up of your household? Adult Males Adult Females

Children/Ages



Why are you considering doggy day care for your dog? (check all that apply)

- ☐ Play with other dogs ☐ So not home alone; check if ☐ exhibits symptoms of separation anxiety
- ☐ Exercise ☐ Primary source or ☐ additional exercise
- ☐ Recommended by other pet professional (trainer, vet, etc.);

Reason:

Other:

Which sex is your dog most fond of?

M

☐

F

☐

N/A

☐

Please describe your dog's overall temperament

How does your dog react to other dogs? (Generally)

(Inside your home)

(Outside your home)

Has your dog ever participated in play at a dog park?

Y

☐

N

☐

If yes, how did he/she react with the other dogs?

Does your dog prefer a particular sex of dog? No

☐

M

☐

F

☐



Has your dog had any problems previously in an off-leash social environment

☐

No

☐

Yes (check all that apply)

☐

Altercation or fight at a public dog park

☐

Altercation or fight with a neighbor's or friend's dog

☐

Fearful reaction in a group of dogs

☐

Dismissed from a prior dog day care or social playgroup program

Please describe:

Complete if you answered yes that your dog was dismissed from a prior program. What reason were you given as to why your dog was dismissed?

Check each statement below that applies to the situation that resulted in your dog's dismissal.

☐

My dog was injured, no medical treatment required

☐

My dog was injured and required medical treatment

☐

Another dog was injured, no medical treatment required

☐

Another dog was injured and required medical treatment

☐

A person was injured, no medical treatment required

☐

A person was injured and required medical treatment

Provide any other comments you want us to know about this situation.



Does your dog have any kinds of dog that he/she automatically fears or dislikes?

Y ☐ N ☐

If yes, describe

Has your dog ever been in a fight or bitten another dog? Y ☐ N ☐

If, yes describe

How does your dog react to strangers?

Does your dog have any kinds of people he/she automatically fears or dislikes? Y ☐ N ☐

If yes, describe

Has your dog ever bitten someone? Y ☐ N ☐

If yes, describe



Exercise & Activity Information

Do you walk your dog? Y ☐ N ☐ Distance

How often?

What other exercise does your dog receive?

How often?

Has your dog ever played on playground or agility equipment before? Y ☐ N ☐

Do you feel that play equipment would be inappropriate for your dog? Y ☐ N ☐



Behavior Information

What known behavioral problems does your dog have?

Does your dog have a circumstance or situation that he/she is frightened of? Y ☐ N ☐

If yes, describe

Describe how you would calm the dog during this situation

Is your dog housebroken? Y ☐ N ☐

Is your dog crate trained? Y ☐ N ☐



Have you observed or are you aware of your dog eating rocks/gravel? Y ☐ N ☐

Have you observed or are you aware of your dog eating the stuffing from toys or bedding?

Y ☐ N ☐

Does your dog play with toys? Y ☐ N ☐

What kind?

Is your dog toy possessive? Y ☐ N ☐

If yes, describe

Has your dog shared toys/food/water with other dogs before? Y ☐ N ☐

If yes, were there any problems?

Has your dog ever escaped or attempted to escape from a leash?

Y ☐ N ☐

If yes, describe

Does your dog jump on people? Y ☐ N ☐

If yes, describe

Has your dog ever received any formal training? Y ☐ N ☐

Where and When?



Does your dog know any basic commands? Y ☐ N ☐

If yes, describe

What special commands does your dog know?

Quiet Command

Bathroom Command

Play Command

Other

What do you do with him/her when you leave the home?

How does he/she react when you get home?



Health & Hygiene Information

Does your dog have any health concerns that you are aware of? Y ☐ N ☐

If yes, describe



Does your dog have any medical restrictions on his/her activities? Y ☐ N ☐

If yes, describe

Is your dog currently on any medication? Y ☐ N ☐

If yes, describe

Does your dog have any allergies? Y ☐ N ☐

If yes, describe

Does your dog like to receive brushings? Y ☐ N ☐

How often is he/she brushed?

How does your dog react to getting his/her nails clipped?

Does your dog have any areas on his/her body that he/she does not like to be touched?

Y ☐ N ☐

If yes, describe



Does your dog have a special place that he/she likes to be petted or rubbed? Y ☐ N ☐

If yes, describe

Does your dog receive flea and tick preventative? Y ☐ N ☐

Brand Type Frequency



Special Comments

Is there anything else that you believe we should know about your dog?

When would you like to start?