



Eaglevetstaff@gmail.com

Day Care Application

About Your Dog:

Dog's Name _____ Breed _____ Coloration _____

Sex _____ Age _____ Spayed/Neutered? **Y/N** Tattooed/Microchipped? **Y/N**

How long has this dog lived with you? _____

Has this dog ever been to a dog park? **Y/N** How often? _____

Has this dog ever been in doggy daycare? **Y/N** How often? _____

Is the dog housebroken? **Y/N**

May your dog have treats? **Y/N**

Commands this dog understands: _____

Owner's Info:

Owner's Name _____

E-mail _____

Phone #'s Primary _____ Secondary _____

Medical History:

Vet Clinic Name (if not Eagle) _____ Vet Phone _____

Dr. _____

Is this dog current on all recommended vaccinations? **Y/N**

Is this dog on a flea/tick preventative? **Y/N**

Known medical issues/special needs: _____

List any medications/schedules for your dog: _____

Behavior:

Has this dog ever bitten another person? **Y/N**

Has this dog ever bitten another dog? **Y/N**

Does this dog ever aggressively guarded toys or food? **Y/N**

If yes to any of the above, please explain: _____

Any known separation anxiety issues? _____

Dislikes/fears: _____

Energy level (1=low/5=high) _____

I agree the information outlined above is accurate to the best of my knowledge, as of the date signed below.

Pet Owner's Signature _____

Today's Date _____