

# Doggie Daycare Application

Owner's Name \_\_\_\_\_

Additional Owner Name(s) \_\_\_\_\_

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

Primary Phone \_\_\_\_\_ Alternative Phone \_\_\_\_\_

Email Address(es) \_\_\_\_\_

Emergency Contact name (other than self) and telephone number \_\_\_\_\_

List anyone allowed to drop off/pick up \_\_\_\_\_

How did you hear about barKadelphia? \_\_\_\_\_

**Dog's Name:** \_\_\_\_\_

Birthday \_\_\_\_/\_\_\_\_/\_\_\_\_ Adoptiversary (if applicable) \_\_\_\_/\_\_\_\_/\_\_\_\_ Weight \_\_\_\_ (lbs.)

Microchip # (if n/a, write n/a) \_\_\_\_\_

Breed(s) \_\_\_\_\_ Color \_\_\_\_\_  Male  Female

Yes, my dog is neutered/spayed  No, my dog isn't neutered/spayed (required at 6+ months)

**Veterinarian** \_\_\_\_\_ Vet telephone number \_\_\_\_\_

**\*\*MUST PROVIDE PROOF OF CURRENT VACCINATIONS: Rabies, DHPP, Lepto & Bordetella\*\***

Vaccinations have been verified \_\_\_\_\_ (barKadelphia employee initials)

My dog receives a regular/routine flea and tick treatment monthly \_\_\_\_\_ (Owner initials)

## General Information

Has your dog had any of the following communicable diseases/conditions in the past 60 days? Please check all that apply:

Kennel cough  Diarrhea  Ear mites  Fleas  Mange  Conjunctivitis  Worms  
 Blood in stool or urine  Parvo virus  Seizure  Mouth warts  Other \_\_\_\_\_

Is your dog currently taking any Medication?  No  Yes (If yes, please list all medications)

\_\_\_\_\_  
\_\_\_\_\_

Is your dog allergic to anything (including food)?  No  Yes (If yes, please list) \_\_\_\_\_

\_\_\_\_\_

(application continued)

Has your dog ever escaped or attempted to escape by digging or jumping/climbing?  No  Yes

List your dog's fears (such as thunder, vacuum, other dogs, strangers, etc.) \_\_\_\_\_  
\_\_\_\_\_

Please check all boxes below that best describe your dog:

Laid back/calm  Playful  Nervous/Anxious  Shy  Dominant/Aggressive  Excitable  
 Other (please describe) \_\_\_\_\_

When left alone, does your dog:

Chew  Dig  Bark  Cry/Howl  Other (please describe) \_\_\_\_\_

Has your dog ever attended dog daycare?  No  Yes (If yes, where?) \_\_\_\_\_

Has your dog ever bitten another animal or person?  No  Yes (If yes, please describe the situation)

\_\_\_\_\_  
\_\_\_\_\_

Please provide any additional information you feel necessary to ensure the well-being of your dog and others

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**PLEASE READ TERMS AND CONDITIONS AND RELEASE OF LIABILITY BEFORE SIGNING**

I/we certify that all of the information above is true and accurate and all owners have signed below. I/we have read all the terms and conditions and release of liability set forth by barKadelphia.

Dog Owner's Signature \_\_\_\_\_

Date \_\_\_\_\_

Dog Owner's Signature \_\_\_\_\_

Date \_\_\_\_\_

barKadelphia Employee Signature \_\_\_\_\_

Date \_\_\_\_\_