



Carter's PET DEPOT Doggie Daycare/Boarding Application Form Small & Medium Dogs only

Date of Application: _____

Type of Stay: **Full Day** **Half Day** or **Boarding**

Pet Information:

Name: _____ Breed: _____ Sex: _____

Age (DOB): _____ Weight: _____ Color: _____

*Medication Requirements: _____

Pet Owner Information:

Name: _____

Address: _____

City / State / Zip: _____

Email Address: _____

Cell Phone: _____ Work Phone: _____ Home Phone: _____

Emergency Contact (if you cannot be reached):

Name: _____

Address: _____

City / State / Zip: _____

Cell Phone: _____ Work Phone: _____ Home Phone: _____

Medical Information:

Do you treat your pet monthly with Flea/Tick Medication? **Yes** **No**

Flea/Tick Medication used: _____

*Medication release is required for Carter's PET DEPOT Doggie Daycare personnel to administer medication.



General Information:

We want to know your pet(s) as well as you do. The information below will help us take care of your dog when it is at our facility.

When was your dog Spayed / Neutered? _____ / _____ / _____

How long has your dog lived with you? _____

If adopted, do you have any knowledge of your dog's past history? _____

Are there other animals in your household? **Yes** **No** If yes: # of Dog(s) _____ Cat(s) _____

How does your dog get along with other pets in your household? _____

Please describe your dog's overall temperament: _____

Has your dog participated in play with other dogs at an off-leash dog park? **Yes** **No**

Health:

What, if any, restrictions need to be placed on your dog's activities or movements? _____

Does your dog have any sensitive areas on his/her body? _____

Where is your dog's favorite spot to be pet? _____

Does your dog have any known allergies or special needs? **Yes** **No**

If yes, please describe: _____

What food do you feed your dog? (Brand / Flavor / Type): _____

May your dog have treats during its visit? **Yes** **No**

Behavior:

Does your dog prefer to socialize with males or females? (Human or dog) _____

How does your dog react to other dogs? _____

How does your dog react to puppies? _____

How does your dog react to strangers? _____

Does your dog act afraid of any specific items, noises or people? **Yes** **No** _____

When you are not at home, is your dog: **Crated?** **Left in the yard?** **Left in the home?**



Has your dog ever bitten a human? **Yes** **No** If yes, please describe the circumstance:

Has your dog ever bitten another dog? **Yes** **No** If yes, please describe the circumstance:

Does your dog have any problems in any of the following areas? (If so, please explain):

Housetraining: **Yes** **No** _____

Barking: **Yes** **No** _____

Digging: **Yes** **No** _____

Jumping: **Yes** **No** _____

Has your dog ever growled or snapped at anyone who has taken away its food and/or toys? **Yes** **No**

Has your dog shared toys and/or water with other dogs before? **Yes** **No**

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

If yes, please describe: _____

Do you walk your dog? **Yes** **No** How often? _____ Duration? _____

What other exercise does your dog regularly receive? _____

What known behavioral problems does your dog have? _____

Has your dog ever had formal obedience training? **Yes** **No**

If yes, where and when? _____

Are there any specific commands we should use with your dog? **Yes** **No**

Bathroom command: _____

Quiet command: _____

Play command: _____

Other command(s): _____