

DOG DAYCARE APPLICATION FORM



80 Ellis Dr., Unit 1
Barrie, ON L4N 8Z3
(705) 728-5211
www.hound-lounge.ca
info@hound-lounge.ca

Your Name: _____

Additional Owner: _____

Additional Owner Phone: _____

Address: _____

Postal Code: _____

Email: _____

Cell: (_____) _____

Home: (_____) _____

Work: (_____) _____

**If we can't get in touch with you (or additional owner) who can we call?
(Emergency Contact)**

Name: _____

Phone: (_____) _____

Relationship: _____

Authorized people to pick up: _____

Veterinarian:

Name: _____ Phone: (_____) _____

PET INFORMATION

Name: _____

Breed: _____

Sex: Male/Female Spayed/Neutered?: Yes/No Birthday: _____

Immunization (expiry dates please). If you do not know we can call your veterinary.

Rabies: _____ Distemper: _____ Parvovirus: _____

Hepatitis: _____ Parainfluenza: _____ Bordetella: _____

Please describe your dogs overall temperament: _____

How does your dog react to other dogs?

(Generally) _____

Has your dog participated in play at the dog park? Yes/No

If yes, how did they react? _____

How does your dog react to strangers? _____

Does your dog have any kinds of people they automatically fears or dislikes? Yes/No

If yes, describe: _____

Does your dog have any kinds of dogs they automatically fears or dislikes? Yes/No

If yes, describe: _____

Has your dog ever bitten a person, even by accident? Yes/No

If yes, describe: _____

Has your dog ever been in a fight or bitten another dog, even by accident? Yes/No

If yes, describe: _____

Has your dog ever resisted, growled, or snapped when:

- a) Toys are removed? Yes/No
- b) Disturbed while resting or sleeping? Yes/No
- c) Physically removed from a location by collar? Yes/No
- d) Touched when fixated or focused on something? Yes/No

Has your dog shared toys/food/water with other dogs? Yes/No
Were there any problem? _____

Does your dog have any health concerns we should be aware of? Yes/No
Describe: _____

Does your dog have any area on their body that they do not like to be touched?
Describe: _____

Is there anything else we should know about your dog?

Why would you like to start your dog in daycare? _____

When would you like to start? _____

How did you hear about us? _____

Thank you for taking the time to complete our application! You can now email it to info@hound-lounge.ca and we will be in touch shortly.

**We look forward to meeting you and your dog!
Thank you for supporting our local, family-run business.**