

**DEER
CREEK**



DOGGIE DAY CAMP

**2039 Cape LaCroix Rd.
Cape Girardeau, MO 63701
(573) 803-1311
www.deercreekdoggie.com**

If possible, please print out these documents and bring them with you to your initial orientation or feel free to scan them and send them to info@deercreekdoggie.com

Please complete a separate form for each dog in your household.

Owner information

First name: _____ Last name: _____

Spouse/Partner first name: _____ Last name: _____

Address: _____

City, State, Zip: _____

Home phone: _____ Cell phone: _____

Email: _____ How did you find us? _____

How would you prefer we contact you? _____

Emergency Contact

First name: _____ Last name: _____

Phone numbers: _____

Authorized People to Pick Up My Dog(s)

Name: _____ Phone number: _____

Name: _____ Phone number: _____

Code word for pickups (optional): _____

Dog Information

Dog's Name: _____ Gender (please circle one): female / male

Dog's Breed: _____ Color/markings: _____

Please Circle One: spayed / neutered / unaltered Dog's Age/Birthday: _____

My dog's roommate information:

Name: _____ Gender (please circle one): female / male

Dog's Breed: _____ Color/markings: _____

Please Circle One: spayed / neutered / unaltered Dog's Age/Birthday: _____

My dog's roommate information:

Dog's Name: _____ Gender (please circle one): female / male

Dog's Breed: _____ Color/markings: _____

Please Circle One: spayed / neutered / unaltered Dog's Age/Birthday: _____

More pets? Please list them on the back or end of this sheet

Veterinary Information

Name: _____ Phone: _____

Address/City/State/Zip: _____

Is your dog current on all vaccinations, including bordatella (kennel cough), distemper (DHLP), and parvo?

(please circle one) Yes / No / I'm not sure

**please bring a current copy of your shot records for our files*

Does your dog(s) have any pre-existing medical conditions, if so please list below:

(ex: injuries, arthritis, bad hips, allergies, etc) _____

Is your dog on any medications: Yes / No If so, please list: _____

Does your dog have any food allergies? Yes / No If so, please list: _____

Is your dog allowed treats? Yes / No Please list any that are NOT allowed: _____

Behavior Information

Please be as open and honest as you can on these questions. The answers will help us in determining in which class your dog is best suited.

Has your dog attended obedience training / training classes (please circle one): Yes / No

If so, where and when: _____

Has your dog attended day care before (please circle one): Yes / No

If so, where and when: _____

How often does your dog interact with other dogs (dog parks, play dates, daycare, etc.) _____

Does your dog have accidents indoors (please circle one): Yes / No

Has your dog ever been involved in a dog fight / altercation (please circle one): Yes / No

Please explain: _____

How would you rate your dog's dominance level (please circle one):
(submissive) 1 2 3 4 5 (highly dominant)

Has your dog ever bitten a human (please circle one): Yes / No

Please explain: _____

Is your dog possessive of any type of food / toys / objects (please circle one): Yes / No

Please explain: _____

Does your dog have any behavioral issues we should be aware of (ex. fence jumping, escape artist, severe anxiety)

Please explain: _____

I understand that before my dog (s) can play at Deer Creek Doggie Day Camp, the following requirements must be met:

- ✓ My dog must complete a socialization orientation day to ensure he/she is not aggressive towards unfamiliar people or other dogs
- ✓ My dog's complete veterinary records must be furnished to Deer Creek Doggie Day Camp including rabies, distemper (DHLPP) and bordatella vaccinations...current within one (1) year
- ✓ I must provide this completed client information sheet and signed liability waiver

Signature: _____

Print: _____

Date: _____