



1629 Southpark Court, Columbus, IN 47201
Ph 812-375-2334 / Fax 812-375-2335
Dogworlddaycare.com

Dog's Name: _____

Male or Female _____

Breed / Color: _____

Birthday/Age: _____



CLIENT INFORMATION

Client Name: _____

Address: _____

City: _____ Zip: _____

Home #: _____ Work #: _____ Cell #: _____

Home E-mail: _____ Work e-mail: _____

How did you hear about us/referral? _____



EMERGENCY CONTACT INFORMATION

Name: _____ Relationship: _____

Home #: _____ Work #: _____ Cell #: _____

Who is authorized to pick up your dog?

Name: _____ Phone # _____

Name: _____ Phone # _____



VET INFORMATION

Veterinarian's Name: _____ Date of Spay/Neuter _____

City: _____ Phone #: _____

* Vet records must accompany this document or be faxed in by your vet prior to arrival. We require proof of: **DHLPP, RABIES, and BORDATELLA** (every 6 months) and a **negative ELISA fecal test**. All dogs 6 months and older must be spayed or neutered.



Background/Behavior

When did you adopt your dog? _____ From Where? _____

Has your dog ever been enrolled in a group play daycare? ____ If yes, Name of facility: _____

Has your dog ever boarded before? _____ If yes, Name of Facility: _____

Has your dog ever been diagnosed with any contagious or NON-contagious medical conditions? _____

If yes, please explain with dates and diagnosis: _____

Does your dog have any allergies (food, airborne, etc?) ____ If yes, please list: _____

Does your dog have any physical limitations? ____ If yes, please explain: _____

Describe your dog's behavior upon meeting new dogs outside your household: _____

Has your dog ever bitten a person or another dog? ____ If yes, please describe the situation: _____

Does your dog play well with any dog? _____ If no, please describe: _____

How often does your dog play with other dogs outside of your household? _____

Has your dog ever jumped a fence or barrier? ____ Is your dog potty trained? _____

Please check any of the following behaviors your dog displays:

____ Excessive Barking ____ Stool Eating ____ Jumping/Climbing ____
Herding

____ Shyness ____ Rough Play ____ Fear/Anxiety

____ Other..... please describe _____

Has your dog ever had any obedience training? _____

Comments: Please include any additional information (positive or negative) that we should know about your dog, so we can best care for them during their stay.

Please visit dogworlddaycare.com for information about our daycare and boarding policy & procedures.

Owner(s) Signature: _____ Date: _____

Please initial here _____ to verify that you have read and understand our Rules & Regulations form.

