

Daycare and Boarding Application Form
The Happy Dog, L.L.C.
304 Main Street, Newport News, VA 23601

Your Name: _____

Address: _____

Home/Cell: _____

Work/Alternative: _____

If we can't get in touch with you, who can we call? Name: _____

Address: _____

Phone: _____

Who is your preferred Veterinarian? Name: _____

Address: _____

Phone: _____

Pet Information:

Name: _____

Weight: _____

Sex: _____

Spayed/Neutered: ____ Yes ____ No

Age: _____

Micro chipped: ____ Yes ____ No

Color: _____

Breed: _____

Feeding Schedule,
Brand/Type of Food,
Type of Treats:

Where did you get your dog? _____

How long have you had him/her? _____

If you have not had him/her from puppyhood,
what do you know of its prior history? _____

Are there any other animals in the household?
(species/breed/age) _____

What is the make up of your household? ____ Adult Males ____ Adult Females ____ Kids

Which family member is your dog most fond of? _____

Which sex is your dog most fond of? _____

Please describe your dog's overall
temperament. _____

How does your dog react to other dogs? _____

Has your dog participated in play at a dog park? ____ Yes ____ No

If yes, how does he/she react with other dogs? _____

How does your dog react to strangers? _____

Does your dog have any kinds of people he/she automatically fears or dislike? _____

Does your dog have any kind of dogs that he/she automatically fears or dislikes? _____

Has your dog ever bitten someone? Yes No

Has your dog ever been in a fight or bitten another dog? Yes No

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

Does your dog jump on people? Yes No

Do you walk your dog? Yes No How Often: _____

What other exercise does your dog receive? _____

What behavioral problems does your dog have, if any? _____

Does your dog have a circumstance or situation that he/she is frightened of? Describe. Yes No Describe: _____

How you would calm your dog during this situation? _____

Is your dog housebroken or crate trained? _____

Does your dog play with toys? What Kind? Yes No Describe: _____

Is your dog toy possessive? Yes No

Has your dog shared toys/food/water with other dogs before? Yes No

Were there any problems? Yes No Describe: _____

Has your dog ever played on playground or agility equipment before? Yes No

Do you feel that play equipment would be inappropriate for your dog? Yes No

Does your dog prefer a particular sex of dog? Yes No

Has your dog received any formal training? Yes No

Does your dog know any commands? Describe. Yes No Describe: _____

What do you do with him/her when you leave the home? _____

How does your dog react when you get home? _____

Does your dog have any health concerns that you are aware of? Yes No Describe: _____

Does your dog have any medical restrictions on his/her activities? Yes No Describe: _____

Is your dog currently on any medication? Describe. Yes No Describe: _____

Does your dog have any allergies? Describe. Yes No Describe: _____

Does your dog like to receive brushings? Yes No

How does your dog react to getting their nails clipped? _____

Does your dog have any areas on his/her body that he/she does not like being touched?

Describe. Yes No **Describe:** _____

Does your dog have a special place that they especially like to be petted or rubbed?

Describe. Yes No **Describe:** _____

Does your dog receive flea and tick preventative?

Yes No

Brand:

Type:

Frequency:

Is there anything else that you think we should know about your dog?

When would you like to start boarding?
