



**Day care Information**

Date filled out: \_\_\_\_\_

Family Name: \_\_\_\_\_

Owner First name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Primary Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Email: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Dogs Name: \_\_\_\_\_ Age: \_\_\_\_\_

Description: \_\_\_\_\_

Spayed or neutered: Yes \_\_\_\_ No \_\_\_\_

Tags: Yes \_\_\_\_ No \_\_\_\_

Microchip Number/tattoo: \_\_\_\_\_

Food allergies? Yes \_\_\_\_ No \_\_\_\_

Please describe reactions and treatments: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Does your dog exercise off leash? Yes \_\_\_\_ No \_\_\_\_

Is your dog used to: Other dogs: Yes \_\_\_\_ No

A fenced yard: Yes \_\_\_\_ No \_\_\_\_

Does your dog like to swim? Yes \_\_\_\_ No \_\_\_\_

Vaccinations: Last done: \_\_\_\_\_ Rabies: \_\_\_\_\_ Parvo: \_\_\_\_\_ Bordatella: \_\_\_\_\_  
Other \_\_\_\_\_

Name of Vet: Dr. \_\_\_\_\_ Phone: \_\_\_\_\_

Clinic Name: \_\_\_\_\_

Address: \_\_\_\_\_

Does the dog require any medications? Yes \_\_\_\_ No \_\_\_\_

Has your dog ever had problems with “Hot spots” or eye or ear infections? Yes \_\_\_\_ No\_\_\_\_

Please explain:

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Any other information you wish to share:

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Day Care Fee is \$28 + Hst Drop Off is between 8 to 9 am and pick up is 430 to 6 pm