

**CLUB POOCH DAY CARE APPLICATION**

**Fill out a separate application for each pet**

ABOUT YOU

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

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

City \_\_\_\_\_

State and Zip \_\_\_\_\_

Phone Numbers, area code first

Home: \_\_\_\_\_

Work: \_\_\_\_\_

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

ABOUT YOUR POOCH

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

Sex:    Male    Female

Age: \_\_\_\_\_

Birthday: \_\_\_\_\_

Breed: \_\_\_\_\_ (if a mixed breed, try to identify the prominent breeds)

Color: \_\_\_\_\_

VETERINARY

Dr. Name \_\_\_\_\_

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

Clinic Phone # \_\_\_\_\_

CURRENT VACCINATIONS (date last given)

DHLPP: Month \_\_\_\_\_ Year \_\_\_\_\_

Rabies: Month \_\_\_\_\_ Year \_\_\_\_\_

Bordatella: Month \_\_\_\_\_ Year \_\_\_\_\_

QUESTIONS

1. What form of flea control do you use? (Select one)

Frontline \_\_\_\_\_ Advantage \_\_\_\_\_ Revolution \_\_\_\_\_ Other \_\_\_\_\_

2. What other pets are in your household?

3. How does your dog interact with the other pets in your home?

4. How does your dog act with children?

5. How does your dog react with puppies?

6. How does your dog react to dogs a great deal smaller than him/her?

7. How does your dog react to dogs a great deal larger than him/her?
  
8. Are there any types (i.e. large, furry) or breeds of dog that your dog fears or dislikes?
  
9. Do visitors ever bring their dogs to your home? If yes, how does your dog react?
  
10. Has your dog ever growled or otherwise acted in a menacing manner toward anyone approaching your, your home, yard, or car? If yes, please explain.
  
11. Are there any kinds of people your dog tends to dislike (i.e. gender, personality type, etc.) If yes, please explain.
  
12. Has your dog ever bitten someone? If yes, please explain
  
13. Does your dog have any medical problem? If yes, what restrictions need to be place on your dog's activities?

14. Is your dog on any routine medications? If yes, what and how often?

15. Have you ever tried to take food away from your dog? What happened?

16. How does your dog respond if you or another dog takes away a toy that he/she is playing with?

17. Does your dog ever play off-leash with other dogs? If so what types/breeds?

18. Has your dog had any formal obedience training? If so, when and where?

19. How do you correct and/or discipline your dog?

20. Is there anything else we should know about you dog?

I agree that I read and agree to all Club Pooche 's policies and procedures>

Name: \_\_\_\_\_ Date \_\_\_\_\_