



## Enrollment Form

**INSTRUCTIONS:** Please print this form and fill out the information to the best of your ability prior to your initial meeting with your Daytime Dogs and Friends representative. If you are unsure of any information, please leave it blank until that time.

### General Information

Client Name \_\_\_\_\_ Pet's Name \_\_\_\_\_  
Street Address \_\_\_\_\_  
Main Intersection/Subdivision \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ E-mail address \_\_\_\_\_  
Alarm  Y  N Code \_\_\_\_\_ Alarm Company \_\_\_\_\_ Alarm Co. Phone ( ) \_\_\_\_\_

### Contact Phone Numbers (Please list contact names and order of preference)

\_\_\_\_\_ Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_  
\_\_\_\_\_ Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_  
\_\_\_\_\_ Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

### Emergency Contact (in the event you cannot be reached)

Name \_\_\_\_\_  
Home Phone ( ) \_\_\_\_\_ Work Phone ( ) \_\_\_\_\_ Cell ( ) \_\_\_\_\_

### In a medical emergency I prefer the following: (Please check all that apply)

Please contact me first  Please only use my veterinarian  
 You may take my pet to the nearest available veterinarian

Service:  **Daytime Dog Adventures** AM (9:00 am-12:00 pm) PM (2:00 pm-5:00 pm)

Available: Mon, Tues, Thurs, Fri (Times are approximate & holidays excluded)

Regularity:  1 x per week  2 x per week  3 x per week  4 x per week

### Service: **Pet Taxi & Concierge Services**

Visits to Veterinarian \_\_\_\_\_ Specific date/time  
 Visits to Groomer \_\_\_\_\_ Specific Date/time  
 P/U/deliver Food/Supplies/Meds \_\_\_\_\_ Date requested

Provide specific details \_\_\_\_\_

### Service Details:

**In-home Pet Visits**  **Private Dog Walking**  
 **Overnight care/Sitting in your own home**  **Cage-free overnight boarding at our facility**  
 **Private All-day Dog Daycare**  **Daily Puppy Visits**

### During owner's absence, pet is to be confined in:

crate (provided by owner)  free reign of home  free reign of backyard  
 other: \_\_\_\_\_ (please describe)

### Where did you hear about us?

Mailing  Search Engine (Google, Yahoo, etc.)  The Village Journal of Haile Plantation  Veterinarian: \_\_\_\_\_  
 Referral: (Friend or Relative) \_\_\_\_\_  Phone Book  Hotel  Facebook  Twitter  Radio  TV  Event  
 Other: \_\_\_\_\_

Daytime Dogs has permission to use photographic images of my pet(s):  Y  N

### Pet Personality Profile and Medical History

#### General

How long has your pet been in your family? \_\_\_\_\_

Where did you acquire your pet? \_\_\_\_\_

If adopted, do you have any knowledge of his/her past history?  
\_\_\_\_\_

Breed or description: \_\_\_\_\_

Sex \_\_\_\_\_ Birthdate \_\_\_\_\_ Weight \_\_\_\_\_ Color \_\_\_\_\_

Does your dog use a crate?  Y  N  
Spay/Neuter?  Y  N, When? \_\_\_\_\_ Where? \_\_\_\_\_  
Has your pet had any obedience training?  Y  N,  
If yes, to what level?  Beginner  Advanced  
Are there any other animals in your household?  Y  N  
If yes, please list type, sex and age \_\_\_\_\_  
Do they get along?  Y  N  
Has your pet ever been to a local park, trail or dog park?  Y  N  
If yes, how did they behave? \_\_\_\_\_

**Canine Vaccination/Medical History**

Rabies due on \_\_\_\_\_  
Distemper, Parvovirus & Parainfluenza (DHPP) due on \_\_\_\_\_  
Yearly Heartworm Test?  Y  N  
If yes, what brand of preventative?  Sentinel  Interceptor  Heartguard  
 Other \_\_\_\_\_  
Does your dog have a problem with fleas or ticks?  Y  N  
Flea and Tick Medication?  Y  N  
If yes, what brand of prevention? \_\_\_\_\_ Date of last application \_\_\_\_\_  
Describe any medical/health issues we need to be aware of (e.g.: seizures, heart/hip problems, etc.) \_\_\_\_\_  
Microchip?  Y  N, Number \_\_\_\_\_  
Allergies \_\_\_\_\_

**Feline Vaccination/Medical History**

Rabies due on \_\_\_\_\_  
Feline Viral Rhinotracheitis, Calicivirus and Panleukopenia (FVRCP) due on \_\_\_\_\_  
Describe any medical/health issues we need to be aware of (e.g.: seizures, heart/hip problems, etc.) \_\_\_\_\_

Does your cat have a problem with fleas or ticks?  Y  N  
Flea and Tick Medication?  Y  N  
If yes, what brand of prevention? \_\_\_\_\_ Date of last application \_\_\_\_\_

**Canine Behavior**

How does your dog react to other dogs? \_\_\_\_\_  
Does your dog play with other dogs on a regular basis?  Y  N  
If yes, would you say he/she plays nicely?  Y  N  
Comments \_\_\_\_\_  
Does your dog prefer a certain gender of dogs?  Y  N If so, which?  F  M  
Is your dog comfortable with having his/her collar used to lead?  Y  N  
Does your dog growl/snap at anyone who's touched his/her bone, food or toys?  Y  N  
Is your dog afraid of any specific items or noises? \_\_\_\_\_  
Are there any kinds of people that your dog automatically fears or dislikes? \_\_\_\_\_

Has your dog ever: Growled at someone?  Y  N  
What were the circumstances? \_\_\_\_\_  
Bitten Someone?  Y  N  
What were the circumstances? \_\_\_\_\_

Does your dog have problems in any of the following areas? (If so, please explain)

Jumping _____	
Eating foreign objects _____	
Escaping _____	
Separation Anxiety _____	
Food or Toy _____	Aggression/Possessiveness
Other _____	

What commands does your dog know? \_\_\_\_\_  
What else would you like to tell us about your dog? \_\_\_\_\_

Signature of Owner \_\_\_\_\_

Print Name \_\_\_\_\_  
Date \_\_\_/\_\_\_/\_\_\_