

Daycamp Enrollment Form

Owner's Information		_
		Date
Address		
City, State, Zip		
		Cell Phone
E-mail	How did you	hear about us?
you. This is in case you Name	u are unable to pick up you	ntact that does not live or travel with r dog due to unforeseen circumstances.
Relation	Phone Number(s)	
*They must show a va	lid photo ID when picking	un vour dog
They must show a va	ma photo 15 when picking	up your dog.
Dog's Information		
	Breed	Color/Markings
Sex: Male Female	Age Weight	Birthday
		payed/neutered*? Yes / No
		payed neatered : 1657 116
If adopted, any informa	ation on your dog's history	?
	daycare:	
_	<u> </u>	
	y prior daycare experience	
ii yes, name and iocan	on of former daycare:	
Please share about you	r dog's former davcare exp	erience:
i icase share about you	r dog s former daycare exp	crience.
*All daycare dogs mus	at be spayed/neutered by 6 r	months old
rin day care dogs mas	t be spayed, neatered by 6 i	nonthis old.
Dog's Personality and	l Temnerament	
	e/play with other dogs on a	regular basis? Yes / No
ii yes pieuse deseribe.		
	en a person, dog, or other a	
Has your dog avar sho	wn aggressive behavior tow	vards neonle? Ves / No
	will aggressive behavior tow	
ii yes, piease describe:		

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Does your dog have any formal obedience training? Yes / No If yes, what commands does your dog know:				
Please describe your dog's personality (check all that apply):				
Mellow/Calm Shy/Submissive Playful High Energy				
Well Behaved Dominant/Alpha Unruly				
Food Possessive Jumps up on people				
Jumps Fences Barks excessively Chews excessively				
Mouthy/Bites Does Not Obey Separation Anxiety				
Eats Feces Eats Rocks Fear of Loud Noises Jumps fences Digs				
Growls at Strangers Destroys Furniture Destroys Toys/Clothing				
Is there anything else you would like to share with us about your dog?				
Veterinarian and Health Information Name and/or Clinic:Phone:				
Address:				
City, State, Zip:				
When is your dog due for the following vaccinations? Rabies: DHPP/DAP:				
Bordetella:				
Date of most recent fecal test: Results:				

All dogs must prove to be free of parasites through a fecal examination.

Results must be obtained prior to the temperament test.

Please attach a copy of your dog's vaccination and fecal records to this enrollment form.

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Pet Owner Signature:	Date:
Pet Owner Name:	
I certify that the answers given on pages 1-3 of the Form are, to the best of my knowledge, true in regards	
We will provide plenty of fresh water for your dog all day.	
If you would like us to feed your dog while they are at Day sealable, plastic container with clear instructions on how m	
Feeding Information You are encouraged to feed your dog breakfast before they enjoy eating their dinner with you when they return home a	
Do you have any additional comments regarding your dog'	's health?
Does your dog have any allergies? Yes / No If yes, please describe:	
Is your dog on any flea prevention program? Yes / No If yes, please describe:	
Is your dog currently on any medications? Yes / No If yes, please describe:	
Has your dog been ill in the last 30 days? Yes / No If yes, please describe:	
Does your dog have any medical conditions or injuries? Ye If yes, please describe:	es / /No

Thank you for taking the time to complete this form.

Grateful Dogs Daycamp truly cares about the health and well-being of your dog.

We look forward to meeting your dog, and you, very soon!

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