



# THE SMILING DOG

## PET SALON, DAYCARE & BOARDING

### Boarding & Daycare Application for Dogs

We're excited that you've decided to join The Smiling Dog pack! Please take a few minutes to fill out this application so that we can get to know your pup a little better. The more we know about your best friend, the more comfortable they'll be in their new home away from home and the better they'll fit into our playgroup.

Date:

*Please submit one application for each dog you would like to join our playgroup.*

Registered Owner(s):		
Home Address: (Street)	(City)	(Zip Code)
Primary Phone: (circle one) (Cell) (Home) (Work)	Secondary Phone: (circle one) (Cell ) (Home) (Work)	
Email Address:		
Preferred form of communication: (circle preference) (Phone Call) (Text-message rates will apply)		
How did you hear about The Smiling Dog? (If referred, please list the name of the person who referred you)		

Pet Information:

Name:		Birthday: (00/00/0000)	
Breed:	Sex:	Color:	Weight:
Special Notes: (any allergies, recent surgeries or injuries, etc.)		Is your pet: (circle one) (Spayed) (Neutered) (Intact)	

<p>1. Has your dog ever been boarded or in a play group before? (If yes, where?)</p> <p><input type="checkbox"/> Yes (Where) _____</p> <p><input type="checkbox"/> No</p>	<p>2. Has your dog been dismissed from another boarding and daycare facility or playgroup?</p> <p><input type="checkbox"/> Yes (If yes, see 2B)</p> <p><input type="checkbox"/> No</p>
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2B. If you dog has been dismissed from another facility or playgroup, please detail the events that led up to his/her dismissal.

3. Has your dog had any issues in a social environment?

- No
- Yes (Check all that apply)
  - Altercation or fight at a public dog park
  - Altercation for fight with a neighbor or friends dog
  - Fearful reaction in a group of dogs
  - Other \_\_\_\_\_

4. Does your dog have any allergies?

- No
- Yes- Indicate what allergies:

5. Does your dog have any physical disabilities?

- No
- Yes \_\_\_\_\_  
If yes, please check all restrictions to their activities that need to be applied
  - No Jumping
  - No Running
  - No Hard Play
  - No contact with other dogs
  - Other \_\_\_\_\_

6. Does your dog have any medical conditions?

- No
- Yes (Explain)  
If medication is used to control the condition, please provide the name, dosage, and frequency of the medication.

7. Has your dog ever growled and/or snapped at a person who has taken food and/or toys away from him/her?

- No
- Yes (Please detail the circumstances and how you responded)

8. Are there any types of people that your dog seems to automatically fear or dislike?

- No
- Yes (Explain)

9. Has your dog ever bitten a person?

- No
- Yes (Please detail the circumstances and injuries)

10. Has your dog ever bitten another animal?

- No
- Yes (Please detail the circumstances and injuries)

11. Other comments or information about your dog that you feel might be helpful.

I have received and agree to the terms and conditions outlined in the *Policies & Practices* paperwork:

Owner Signature: \_\_\_\_\_ Date: \_\_\_\_\_

For Office Use Only: Initial & date when items are given or received.

**Policies & Practices** \_\_\_\_\_ Date: \_\_\_\_\_      **Vaccinations:** \_\_\_\_\_ Date: \_\_\_\_\_      **Meet & Greet:** \_\_\_\_\_ Date: \_\_\_\_\_

Evaluation Notes: