



Daycare Registration Form

Date: _____

How did you hear about us? _____

Why are you interested in doggy daycare? _____

Owner Information

Owner Name: _____

Address: _____

City: _____ Prov: _____ Postal Code: _____

Home Phone: _____ Work Phone: _____

Email: _____

Emergency Contact (someone other than yourself or spouse)

Name: _____

Phone: _____

Veterinarian Information

Clinic Name: _____

Address: _____

Phone: _____

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Pet Personality Profile

Dog Information

Dog's Name: _____

Breed or Mix: _____

Date of Birth: _____

Sex: Male: Female: Spayed/Neutered: Yes No:

Tattoo: Microchip: Tag: Tattoo/Microchip No: _____

Microchip Manufacturer: Petnet: Canadachip (CKC): Other:

Coat Colour: _____ Coat Length: _____ Curly: Straight: Wavy:

Height at shoulders: _____ Weight: _____

Any distinguishing marks or characteristics: _____

Feeding

(Only puppies, dogs with medical reasons, or dogs with special needs will be fed during daycare hours. Each dog owner is responsible for providing food for their dog if it must be fed. The food may be provided on a daily basis, or a larger supply may be left at the daycare.)

Brand of Food: _____ Formula: _____

Wet: Dry: Semi-moist: Other(specify): _____

Amount per feeding: _____

Supplements used: _____

How is food served: Soaked: Dry: Warm:

Room Temp: Other (specify): _____

Are there any treats your dog may not have? _____

Does your dog have allergies? Yes: No:

If yes, what are they? _____

Behaviour

Has your dog been in daycare/boarding before? Yes: No:

If yes, how did he react? Positively: Negatively:

How long have you had your dog? _____

Where did you get your dog? _____

If adopted, do you have knowledge of your dog's history? Please describe:

Does your dog like children? Yes: No:

How does your dog behave around children? _____

Does your dog have any fears? Yes: No: Not Known:

If yes, please describe: _____

Please describe how your dog reacts when meeting other dogs:

Are there any dogs that your dog automatically dislikes? Please describe:

Please describe how your dog reacts to a stranger coming into your yard or home:

How long are your typical walks? _____

Under what circumstances does your dog jump on someone?

Under what circumstances does your dog growl?

Has your dog ever bitten someone? Yes: No:

If yes, what were the circumstances? _____

Has your dog ever bitten another dog? Yes: No:

If yes, what were the circumstances? _____

Has your dog ever been bitten? Yes: No:

If yes, what were the circumstances? _____

Does your dog have any problems in the following areas? If yes, please describe.

1. Barking _____
2. Mouthing _____
3. Destructive chewing _____
4. Ingesting non food items _____
5. Housetraining _____
6. Ignoring your commands _____
7. Frightened by noises _____
8. Nervousness _____
9. Pulling on leash _____
10. Eating feces _____

Has your dog ever growled or snapped at anyone taking food or toys away? Yes: No:

Has your dog ever shared his food with other dogs? Yes: No:

Does your dog play well with other dogs? Yes: No:

Has your dog had formal obedience training? Yes: No:

What commands does your dog know? Please describe.

Please add any other comments or information that you feel might be helpful.

You are responsible for informing us of any and all incidents of bites or aggression concerning your dog (dog to dog, dog to human, etc.). Failure to do so may result in your daycare service agreement being terminated.

Health and Grooming

What is the current health condition of your dog? Poor: Good: Excellent:

Please describe any genetic conditions currently affecting your dog:

Has your dog been diagnosed with any communicable disease, bacteria or parasite in the past 30 days? Yes: No:

If yes, please describe. _____

When did your veterinarian give your dog a clean bill of health? _____

Does your dog have a problem with fleas? Yes: No:

What flea / parasite control do you use? _____

Does your dog have a problem with Hip Dysplasia? Yes: No:

If yes, what restrictions need to be placed on your dog's activities or movement?

Does your dog like to be brushed? Yes: No:

If no, what have you tried to make it more enjoyable?

How often do you brush or comb your dog's coat? _____

Where are your dog's favourite petting spots? _____

Please attach a photocopy of most recent vaccinations of DHPP.

It is the owner's responsibility to inform It's a Dog's Life Inc. of any existing health conditions or any new health conditions as they are identified. On admission, all dogs must be free from any conditions which could potentially jeopardize other dogs. Dogs who have been ill with a communicable disease in the last 30 days will require veterinary certification of health to be admitted or readmitted.

We are willing to administer medication (pills, creams, ointments, etc.) and or food supplements as needed, provided the owner makes a clear request and provides proper direction for administration.