**General Information:**

Dog’s Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Breed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of birth: \_\_\_\_\_\_\_\_\_\_\_

Color/ Markings: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Weight:\_\_\_\_\_\_\_\_\_\_ Sex: [ ] Male [ ] Female Altered: [ ] Yes [ ] No

Veterinarian: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Medical questions:**

[ ] Diabetes [ ] Hip dysplasia [ ] Arthritis [ ] Requires special diet (no treats please) [ ] Anxiety

Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Allergies: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**My dog’s history with day care:**

[ ] First timer [ ] Infrequent flyer [ ] Total pro Other locations attended: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**My dog’s behavior:**

[ ] My dog HAS NOT shown any signs of aggression or attempting to escape.

[ ] My dog has been aggressive towards people [ ] My dog has been aggressive towards other dogs

[ ] My dog has been to the dog park and loved it [ ] Excellent at escaping or has attempted in the past.

**Temperament:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (e.g. calm, rowdy, mean, playful, shy, friendly, social)

**General day care rules (please initial):**

\_\_\_\_\_ I fully understand that some dog behavior includes rough play and other behaviors; which may cause injury to my dog

\_\_\_\_\_ I fully understand that if my dog shows any signs of real aggression towards other dogs or human, then they will no longer be allowed to attend day care (Private Day Camp is still an option)

\_\_\_\_\_ I fully understand that Pet Planet staff will exercise care and compassion when dealing with my dog and that as such a fun facility, my dog may not want to leave (just kidding)

\_\_\_\_\_ I agree to inform Pet Planet Hotel and Daycare of any significant changes to the information provided above

**For office use only:**

[ ] Spay/Neutered [ ] Checked Vaccinations [ ] Conducted introduction test Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_