

OWNER'S NAME \_\_\_\_\_

DOG'S NAME \_\_\_\_\_



**K9'S in KAHOTS**

Doggie Daycare and Obedience Training  
6389 Main Street, Stouffville  
(905) 642-8289

**Daycare Registration Form**

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| <b><u>Owner(s) Information</u></b>     |               |
| Name(s):                               | Home Phone #: |
| Address:                               | Cellular:     |
| Town:                                  | Business:     |
| Postal Code:                           | Email:        |
| <b><u>Emergency Contact</u></b>        |               |
| Name:                                  | Home Phone #: |
| Address:                               | Business:     |
| Town/PC                                | Cellular:     |
| <b><u>Veterinarian Information</u></b> |               |
| Name:                                  | Phone Number: |
| Address:                               | City/PC:      |
| <b><u>Dog Information</u></b>          |               |
| Name:                                  | Breed:        |
| Age/D.O.B.:                            | Gender:       |
| Spayed/Neutered?                       |               |

## Health, Training and Temperament Questionnaire

How long have you had your dog? \_\_\_\_\_

How old was your dog when you first obtained him/her? \_\_\_\_\_

Where did you get your dog? \_\_\_\_\_

Are there any other animals in your household? Please list: \_\_\_\_\_

How does your dog get along with these animals? \_\_\_\_\_

How much and how often do you feed your dog? \_\_\_\_\_

How many elimination walks do you give your dog per day? \_\_\_\_\_

Is your dog (circle all that apply):

Allowed to run free in the house: Supervised/Unsupervised

Allowed to run free in a fenced yard: Supervised/Unsupervised

Allowed outside with no fenced yard: Leash only/Unleashed, supervised/Unleashed/Unsupervised

What is your dog's training history? (Circle all that apply)

No training

Trained yourself

Puppy classes

Private training

Group classes - basic

Group classes - intermediate

Group classes - advanced

How would you respond if your dog did something wrong in the home? \_\_\_\_\_

Please list the following if any apply to your dog:

Pre-existing or current medical conditions \_\_\_\_\_

Orthopedic problems i.e. hip dysplasia, arthritis \_\_\_\_\_

Allergies \_\_\_\_\_

Medications \_\_\_\_\_

How does your dog react to strangers approaching your yard? \_\_\_\_\_

How does your dog react to strangers out in public? \_\_\_\_\_

How does your dog react to other dogs approaching the home or yard? \_\_\_\_\_

How does your dog react to other dogs out in public? \_\_\_\_\_

Does your dog fear or dislike any types of people? \_\_\_\_\_

Does your dog fear or dislike any types of dogs? \_\_\_\_\_

Is your dog frightened by any noises or objects? \_\_\_\_\_

Does your dog play off-leash with any other dogs? Briefly describe: \_\_\_\_\_

Has your dog ever bitten anyone? \_\_\_\_\_ If yes, what were the circumstances? \_\_\_\_\_

Has your dog ever bitten another dog? \_\_\_\_\_ If yes, what were the circumstances? \_\_\_\_\_

What is your dog's favorite toy(s)? \_\_\_\_\_

What is your dog's favorite game(s) to play? \_\_\_\_\_

Is your dog possessive of toys, food or objects? \_\_\_\_\_ If yes please explain: \_\_\_\_\_

What is your dog's favorite treat(s)? \_\_\_\_\_

Can we give your dog treats while in daycare? \_\_\_\_\_

Is your dog sensitive about any parts of his/her body? \_\_\_\_\_

Where is your dog's favorite petting spots? \_\_\_\_\_

Is your dog crate trained? How much time do they spend in the crate? Do they go into the crate willingly? \_\_\_\_\_

Please list any comments about your dog that you feel will be helpful to us: \_\_\_\_\_

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