

Canine to 5 Daycare: Rockford 4967 Contractors Dr Loves Park, IL 61111 815-633-7777

Registration Form

Please print clearly if not filling out online.

	7 A N I			TION
пиі	IAIN	IINFU	RIVIA	MOIT

NAME:	DATE:
ADDRESS:	
CITY:	STATE:ZIP:
HOME PHONE: ()	CELL PHONE: ()
WORK PHONE: ()	EMAIL:
How did you hear about Canine To 5?	
Are your daycare needs short-term or are you interested in	n repeat visits?
EMERGENCY CONTACT	
NAME:	RELATIONSHIP:
CELL PHONE: ()	OTHER PHONE: ()
DOG INFORMATION	
NAME:	COLOR/MARKINGS:
SEX: MALE FEMALE	AGE:
SPAYED/NEUTERED: YES NO	BREED:
WEIGHT:	BIRTHDAY (Or celebration day):
WHERE DID YOU GET YOUR DOG: SHELTER	BREEDER PET STORE OTHER
WHEN DID YOU GET YOUR DOG:	HOW OLD WERE THEY AT THE TIME:
VET INFO	
VET NAME:	VET CLINIC:
CITY:	STATE: ZIP:
PHONE: ()	

GETTING TO KNOW YOUR DOG – HUMAN/DOG INTERACTION When: _____ Where: _____ Has your dog been in daycare before? YES NO Does your dog get along with other dogs? YES NO Does your dog dislike or act fearful with specific types of humans? What interactions has your dog had with other dogs? How does your dog react to puppies? To smaller dogs? To larger dogs? Has your dog ever had any obedience training? Has your dog ever bitten anyone? YES NO - If so, please describe: _____ Has your dog ever growled at you or anyone else? YES NO - If so, explain circumstance? _____ How is your dog with strangers? _____ Does your dog jump on you or strangers? YES NO **SOMETIMES GETTING TO KNOW YOUR DOG – MEDICAL INFORMATION** Is your dog spayed/neutered? YES NO Does your dog take any medications? YES NO - If so, what and what for: _____ Dosage amount: _____ Does your dog have any allergies? YES NO - If so, what: _____ Does your dog have any past or current injuries? YES NO

- If so, what:			
Does your dog have any scars or skin conditions?	YES	NO	
- If so, what:			
Is your dog current on vaccinations?	YES	NO	
**** Canine to 5 requires the following vaccinations	: Rabies,	DHLPP, B	ordetella, negative fecal, flea/tick preventative ****
- If not, what:			
What type/brand of food do you feed your dog?			
GETTING TO KNOW YOUR DOG – HOUSEHOL	D BEHA	VIORS	
How long has your dog been in your household?			
Are there multiple dogs in your household?	YES	NO	How Many:
Are there children in your household?	YES	NO	How Many:
Is your dog housetrained?	YES	NO	
Does your dog show any destructive behaviors?	YES	NO	
- If so, please describe:			
What type of toys does your dog play with at home?			
Does your dog share toys well with other humans?	YES	NO	Other Dogs? YES NO
Does your dog guard food, objects or space?	YES	NO	
- If so, please describe:			
Has your dog ever jumped or climbed a fence?	YES	NO	If so, how high:
GETTING TO KNOW YOUR DOG – PERSONALI	TY TRAI	TS	
Does your dog bark a lot?	YES	NO	
Does your dog put its mouth on you?	YES	NO	
- If so, in what manner:			
Is your dog scared of anything?	YES	NO	
- If so, what:			
Is there anywhere your dog likes/dislikes to be pet? _			
Is your dog aggressive on the leash?	YES	NO	
Can your dog have treats while at Canine to 5?	YES	NO	(We have basic dog biscuits)

What else would you like us to know about your dog?	
How did you hear about Canine to 5?	