



Enrollment Form

General Information:

Dog's Name _____ Parent's Name (please list all parents) _____
 Address: _____ City: _____ St: _____ Zip: _____
 Home Phone: _____ Work: _____
 Cell: _____ Pager _____
 Email Address: _____ (by supplying this, you agree to receive periodic email from CBDDC)
 Breed: _____ Birth date: _____
 Male / Female _____ Neutered / Spayed _____ If not, when? _____
 Food Type: _____ Canned? _____ Dry? _____
 Vet Clinic: _____ Treating Veterinarian: _____
 Emergency Contact Person (other than yourself or spouse): _____
 Relationship: _____ Phone #: _____
 Referred How? (referrals=free day for the dog/parent who referred you!) _____
 List any known allergies: _____
 How often do you think you would like to use the Day Care service? _____
 (Minimum one day per week)
 Has your dog ever been enrolled in day care before? Yes No If yes, where? _____

Vaccination/Medical History:

Rabies due: _____ DHLPP due: _____ Bordatella due: _____
 Yearly Heartworm Test? Yes No
 If yes, what brand of preventative? Sentinel Interceptor Heartgard Other _____
 Flea and Tick Medication? Yes No
 If yes, what brand of preventative? Top Spot (ticks & fleas) Advantage (fleas) Sentinel (fleas)
 Flea and Tick Collar Revolution (fleas) Other _____
 Describe any medical/health issues we need to be aware of (i.e. seizures, heart/hip problems, etc.): _____

Anything contagious? Yes No If yes, what: _____
 Microchip number _____ Brand _____

Dog Profile:

How long has your dog been in your family? _____ Where did you get your dog? _____
 If adopted, do you have any knowledge of your dogs past history? _____
 How many people are there in your family?
 Adult: _____ Male: _____ Female: _____
 Children: Male: _____ Ages: _____ Female: _____ Ages: _____
 Has your dog had any obedience training? Yes No
 If yes, to what level? Beginner Advanced CGC TDI Flyball Agility
 Do you use a crate? Yes No If yes, are they comfortable in the crate? Yes No
 Is your dog comfortable with having his/her feet touched? Yes No Don't know
 Is your dog comfortable with having his/her collar used to lead? Yes No Don't know
 Has your dog ever climbed or jumped a fence? Yes No Don't know
 Has your dog ever growled or snapped at anyone who's touched his/her bones, food or toys?
 Yes No Don't know
 Does your dog play with other dogs on a regular basis? Yes No If yes, would you say he/she plays nicely?
 Yes No Comments: _____
 Does your dog prefer certain sexes of dogs? Yes No If yes, which sex? _____
 Does your dog automatically dislike any kind of dog? Yes No If yes, what kinds? _____
 How does your dog react to puppies? Happy to see them Go away I don't like you Indifferent to them
 How does your dog react to strangers? Happy to see them Go away I don't like you Indifferent to them
 Does your dog automatically dislike any kind of person? Yes No If yes, what kinds? _____
 Describe any behavioral problems/idiosyncrasies/special sensitivities we should be aware of: _____

IF ANY OF THE ABOVE INFORMATION CHANGES, PLEASE NOTIFY US IMMEDIATELY!