

# WALKS and WAGS

## Play Care Application

251.643.1615

cindie@walksandwags.com

Name \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Day Phone \_\_\_\_\_ Cell \_\_\_\_\_

Second Phone \_\_\_\_\_ Day Phone \_\_\_\_\_ Cell \_\_\_\_\_

email address \_\_\_\_\_

### DOG'S INFORMATION

Dog's Name \_\_\_\_\_ Breed \_\_\_\_\_ Age \_\_\_\_\_

Sex: M  F  Weight \_\_\_\_\_ Age when spayed or neutered \_\_\_\_\_

Age when acquired \_\_\_\_\_ Where did you obtain your dog? \_\_\_\_\_

Is your dog... (Please check all that apply):

Allowed to run free in the home? \_\_\_\_\_ supervised or unsupervised (Circle one)

Allowed to run free in a fenced yard? \_\_\_\_\_ supervised or unsupervised (Circle one)

Has jumped over fence in yard? \_\_\_\_\_ How high? \_\_\_\_\_

Leashed walks only       Outside and unleashed but supervised

Has your dog ever been on any agility equipment? yes  no

Does your dog prefer to play with male  or female  dogs or both

Is your dog possessive of any toys, foods, objects? (If yes, please explain) yes  no  \_\_\_\_\_

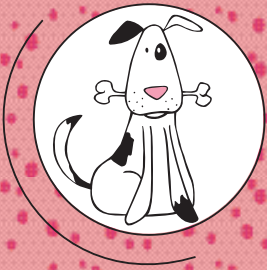
Has your dog ever shared his/her good or toys with other animals? yes  no

Has your dog ever growled or snapped at anyone taking food or toys away? (If yes, please explain) yes  no

How does your dog react when strangers approach the home or yard or out in public? \_\_\_\_\_

Is your dog afraid of any types of other dogs? Does your dog play off-leash with other dogs? (Briefly describe)

How does your dog react to puppies? \_\_\_\_\_



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Has your dog ever growled at someone? yes  no  (If yes explain the circumstances?) \_\_\_\_\_

Has your dog ever bitten someone? yes  no  (If yes explain the circumstances?) \_\_\_\_\_

Has your dog ever bitten another dog? yes  no  (If yes explain the circumstances?) \_\_\_\_\_

What is your dog's training history? (Please circle)

No Training

Trained yourself

Puppy Kindergarten

Group Class Basic

Group Class Advanced

Private Training Sessions

Obedience Titles/Awards

Agility

Other

Does your dog have any problems in any of the following areas:

Sensitive about any parts of his body? Tail  Paws  Hindquarters  Nails clipped  Being Brushed

If so, please explain \_\_\_\_\_

Hip Problems? yes  no  If yes, what restrictions need to be placed on your dog's activities or movements?

Are there any other issues that you wish to address, or feel you should inform us of and how much of a problem do you consider the behavior to be?

Issue: \_\_\_\_\_

Not Serious

Serious

Very Serious

Issue: \_\_\_\_\_

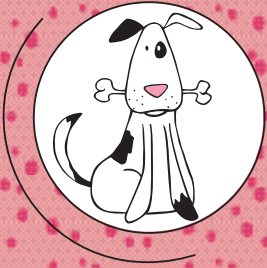
Not Serious

Serious

Very Serious

How much exercise is your dog presently getting? \_\_\_\_\_

What is the main reason you have chosen daycare for your dog? \_\_\_\_\_



# WALKS and WAGS

## Health and Temperament Certification

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I, \_\_\_\_\_, hereby certify that my dog(s) \_\_\_\_\_

are in good health and have not been ill with any communicable diseases in the last 30 days. I further certify that my dog(s) have not harmed or shown aggressive behavior toward any person or any other dog.

**Vaccination Dates:**

DHPP\* SHOT \_\_\_\_\_ Who gave the vaccination? \_\_\_\_\_

RABIES SHOT \_\_\_\_\_ Who gave the vaccination? \_\_\_\_\_

BORDATELLA SHOT \_\_\_\_\_ Who gave the vaccination? \_\_\_\_\_

FECAL SAMPLE DATE TESTED \_\_\_\_\_ Who gave the vaccination? \_\_\_\_\_

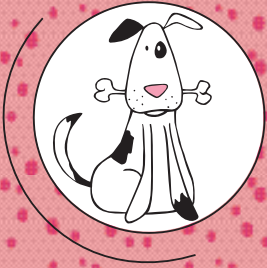
ALLERGIES (food, etc.) \_\_\_\_\_

Has your dog had ticks or fleas in the last year? Briefly describe: \_\_\_\_\_

Is your dog on heartworm pills? yes no

Signature of Owner \_\_\_\_\_ Date \_\_\_\_\_

Signature of Owner \_\_\_\_\_ Date \_\_\_\_\_



# Walks and Wags

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## Emergency Care Permission Form

I/we the undersigned, give Walks and Wags Inc. permission to take our dog(s) \_\_\_\_\_ to the nearest animal hospital for care/treatment deemed necessary. I/we will be solely responsible for all payments, in full, incurred at this facility. I/we also understand and agree that Severe Emergencies may require treatment before we are contacted.

### Rough-Housing

There is inherent rough-housing in play. All dogs are screened for aggression, but fights can still occur. It is also possible for a puncture wound to happen during play sessions. In the event of a fight or injury, if needed, we will contact the owner or emergency contact person before providing any medical attention.

Signature of Owner \_\_\_\_\_ Date \_\_\_\_\_

Signature of Owner \_\_\_\_\_ Date \_\_\_\_\_

Please contact me, \_\_\_\_\_, in case of an emergency:

Home Phone \_\_\_\_\_ Day Phone \_\_\_\_\_ Cell \_\_\_\_\_

Second Phone \_\_\_\_\_ Day Phone \_\_\_\_\_ Cell \_\_\_\_\_

Emergency contact \_\_\_\_\_

Home phone \_\_\_\_\_ Day Phone \_\_\_\_\_ Cell \_\_\_\_\_

Your dog's Veterinarian \_\_\_\_\_ Phone \_\_\_\_\_