



## Enrollment Form

### Parent Info

Parent's Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

E-mail (Can we add you to our e-mail list? Yes/No) \_\_\_\_\_

How did you hear about us? \_\_\_\_\_

### Doggy Info

Name \_\_\_\_\_ Breed \_\_\_\_\_ Birth Date \_\_\_\_\_

Male / Female      Neutered / Spayed      If not, when? \_\_\_\_\_

Brand of Dog Food \_\_\_\_\_ Feeding Instructions \_\_\_\_\_

### Veterinarian Info

Vet Clinic \_\_\_\_\_

Vet Name \_\_\_\_\_

### In Case of Emergency (someone other than yourself or your significant other)

Emergency Contact Person \_\_\_\_\_

Relationship \_\_\_\_\_ Phone Number(s) \_\_\_\_\_

### Doggy Profile

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

Where did you get your dog?

\_\_\_ Humane Society    Which one? \_\_\_\_\_

\_\_\_ Breeder    Name and location? \_\_\_\_\_

\_\_\_ Other    Please describe \_\_\_\_\_

Has your dog had any obedience training? \_\_\_\_\_

What commands does your dog know at this time? \_\_\_\_\_

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Do you use a crate? Yes / No                      If yes, is your dog comfortable in it? Yes / No

Is your dog friendly to other dogs? Yes / No

How does your dog react when somebody else or another dog tries to take food or toys away from him? \_\_\_\_\_

Does your dog dig? Yes / No                      Climb? Yes / No                      Jump fences? Yes / No

Is there anything your dog is afraid of? \_\_\_\_\_

Does your dog jump on you or others? \_\_\_\_\_

Does your dog get along with other dogs? Yes / No

How does your dog react to puppies? \_\_\_Likes                      \_\_\_Doesn't like

How does your dog react to strangers? \_\_\_Likes                      \_\_\_Doesn't like

Does your dog like water? (Poochie Pond) Yes / No

Is your dog allowed to play in the Poochie Pond when the weather permits? Yes / No

Has your dog been boarded in the past month? Yes / No                      If yes, where? \_\_\_\_\_

Has your dog attended daycare in the past month? Yes / No                      If yes, where? \_\_\_\_\_

Has your dog been groomed in the past month? Yes / No                      If yes, where? \_\_\_\_\_

Does your dog have any allergies? Yes / No                      If yes, to what? \_\_\_\_\_

Is your dog allowed to have treats while at DayCare? Yes / No

Does your dog have any idiosyncrasies/behavioral issues that we need to be aware of? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Does your dog take any medication? Yes / No                      If yes, for what? \_\_\_\_\_

Has your dog been injured or required medical attention in the last 6 months? Yes / No  
If yes, please explain \_\_\_\_\_  
\_\_\_\_\_

Is there anything else that you would like us to know about your dog? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**If any of the above information changes, please notify us immediately.**

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