



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? _____

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.

1060 American Way
Verona, WI 53593
tailwaggersdoggydaycare.com