



8928 Garland Road. Dallas, Texas 75218  
214-321-3939

Date: \_\_\_\_\_

**DAYCARE, BOARDING AND GROOMING APPLICATION - 2024**

Dog Name \_\_\_\_\_ Breed \_\_\_\_\_ Current Age \_\_\_\_\_  
 Owner's Name \_\_\_\_\_ Address \_\_\_\_\_  
 City/St/Zip \_\_\_\_\_ Contact Phone # (\_\_\_\_) \_\_\_\_\_  
 Email \_\_\_\_\_ Alt. Phone # (\_\_\_\_) \_\_\_\_\_  
 How may additional pets and what type? \_\_\_\_\_

**Veterinarian Clinic** \_\_\_\_\_ **Phone** (\_\_\_\_) \_\_\_\_\_  
 Training classes taken \_\_\_\_\_  
 Pet's Birth Date: \_\_\_\_\_ Color \_\_\_\_\_ Weight \_\_\_\_\_ Sex \_\_\_\_\_ Spayed/Neutered \_\_\_\_\_  
 Where did you get your dog? \_\_\_ Breeder \_\_\_ Friend or relative \_\_\_ Pet Store \_\_\_ Stray \_\_\_ Shelter \_\_\_ Rescue  
 \_\_\_ Ad in paper \_\_\_ online notice

**\*\*\*Other than you:**

<b>EMERGENCY CONTACT:</b>	
<b>EMERGENCY PHONE #:</b>	

Who may pick up your dog? \_\_\_\_\_

**Immunization Requirements:**

It is the responsibility of the client to provide proof of vaccination for each animal attending Kinder Kritter, Inc.  
 Dogs whose shots are not up-to-date will not be allowed to attend.

The following vaccinations must be up-to-date **within 5 days prior to attendance:** (List Date given) Influenza: \_\_\_\_\_

Distemper \_\_\_\_\_ Rabies \_\_\_\_\_ Bordetella (Every 6 month vaccination) \_\_\_\_\_

OWNER UNDERSTANDS THAT EVEN IF OWNER'S DOG(S) IS VACCINATED AGAINST KENNEL COUGH (BORDETELLA), THERE IS A CHANCE THAT THE OWNER'S DOG CAN STILL CONTRACT KENNEL COUGH. \_\_\_\_\_ **(INITIAL)**

**Feeding Instructions and General Care:**

Name of food \_\_\_\_\_ Quantity \_\_\_\_\_

Allergies \_\_\_\_\_ Food Restrictions \_\_\_\_\_

Is it ok to give your dog treats? Yes \_\_\_ No \_\_\_

Daily home caretaker is: \_\_\_\_\_ A child \_\_\_ An Adult \_\_\_ A Senior \_\_\_ M/F \_\_\_\_\_

Daily exercise: \_\_\_ Fenced yard only \_\_\_ Walks by caretaker \_\_\_ Other, describe \_\_\_\_\_

Outings with caretaker: Car rides \_\_\_ Who \_\_\_\_\_ Parks \_\_\_ Who \_\_\_\_\_ Frequency \_\_\_\_\_

Hygiene by home caretaker: \_\_\_ daily \_\_\_ weekly \_\_\_ monthly \_\_\_ brushed \_\_\_ bathed \_\_\_ trimmed \_\_\_\_\_

Where are the pets kept: \_\_\_ In the house loose \_\_\_ In the house crated \_\_\_ In fenced yard \_\_\_ In a kennel \_\_\_\_\_

Tied outside \_\_\_\_\_ Other \_\_\_\_\_

**Describe your pet’s reaction to home grooming:** *(please check all that apply.)*

totally cooperative  uncooperative  wiggly  shy  nervous  tries to get away  bossy  aggressive/bites

Does your pet get professionally groomed?  Yes  No How often? \_\_\_\_\_

Type of professional grooming : Vet \_\_\_\_\_ Stylist \_\_\_\_\_ Kennel \_\_\_\_\_

**Describe your pet’s reaction to Pet care Professionals** (vets, stylists, kennel operators) as: *(Check all that apply.)*

friendly  loving  shy  excited  apprehensive  passive  nervous  frightened  aggressive/biting

**Health/ Medical Information:**

1. Please list any current medical problems :

\_\_\_\_\_

2. When was your pet’s last flea/tick treatment? \_\_\_\_\_ Any other recent treatments? \_\_\_\_\_

3. Medication: Past \_\_\_\_\_ Current \_\_\_\_\_

4. Seizures  No  Yes, what type/frequency? \_\_\_\_\_

5. Heart Disease  No  Yes, what type/frequency? \_\_\_\_\_

6. Check all applicable  blind  deaf  arthritis  ear infection  teeth infections

7. Allergies, specify to what & medication \_\_\_\_\_

8. Other injuries, specify \_\_\_\_\_

9. Social Behaviors: Does pet respond to name when called?  Yes  No

10. Has your dog ever been in a fight with another dog?  Yes  No If yes, please describe how many times and the circumstances: \_\_\_\_\_

11. How does your dog react to being crated? \_\_\_\_\_

12. Does pet indulge in self-mutilation?  Yes  No

13. Is pet housetrained?  Yes  No If so, specify method \_\_\_\_\_

14. Describe how pet reacts to strangers:  friendly  suspicious  shies away  frightened  ignores  excited  barks  jumps on them  growls bites

15. Does your pet react differently to men, women, children, crowds, other adult pets, puppies, being put on a leash, being kenneled, or receiving treats around other pets?  Yes  No If yes, Explain: \_\_\_\_\_

16. What things upset your pet? \_\_\_\_\_

17. How does your pet react to riding in the car? \_\_\_\_\_

18. How does your pet react to being left alone? \_\_\_\_\_

19. What bad habits does your pet have? Check all that apply:  barks/howls  digs  chews  growls  runs away  jumps up  gets in the trash  chases things  bites  wets  begs other \_\_\_\_\_

20. In stress situation (new situation, stranger, left alone, confined) your pet reacts:  wildly  active  poised  assured  withdrawn  lethargic, stiff

21. Personality Type: How would you describe your pet’s personality? Check all that apply:  balanced  extremely introverted  introverted  mildly introverted  extremely extroverted  extroverted  mildly extroverted  shy  friendly  fearful  happy  aggressive  playful  nervous  bored  hyperactive  loud  annoying  calm  jealous  submissive  territorial  finicky  indifferent  dominant  dependent

22. Social Order: dominant  subordinate  leader tendencies

Owner’s Signature: \_\_\_\_\_ Date: \_\_\_\_\_