



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

Date: _____

DAYCARE AND BOARDING APPLICATION

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 _____ Vet's Phone (_____) _____
Training classes taken _____
Pet's Birth Date: _____ Color _____ Height _____ Weight _____ Sex _____
Where did you get your dog? ___ Breeder ___ Friend or relative ___ Pet Store ___ Stray ___ Shelter ___ Rescue
___ Ad in paper ___ online notice

EMERGENCY CONTACT:	
EMERGENCY PHONE #:	

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)

Distemper _____ Rabies _____ Bordetella(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 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 ___spayed/neutered
7. Allergies, specify to what & medication _____
8. Other injuries, specify _____
9. Social Behaviors: Does pet respond to name when called? ___Yes ___No
10. Does pet respond to owner's directions? ___Yes ___No
11. How often does your pet come when called? ___100% ___75% ___50% ___25% ___0%
12. Does pet urinate when approached? ___Yes ___No
13. Does pet indulge in self-mutilation? ___Yes ___No
14. Is pet housetrained? ___Yes ___No If so, specify method _____
15. Describe how pet reacts to strangers: ___friendly ___suspicious ___shys away ___frightened ___ignores ___excited ___barks ___jumps on them ___growls bites
16. 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 _____
17. Has your dog ever been in a fight with another dog? ___Yes ___No If yes, please describe how many times and the circumstances: _____
18. What things upset your pet? _____
19. How does your pet react to riding in the car? _____
20. How does your pet react to being left alone? _____
21. 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 _____
22. In stress situation (new situation, stranger, left alone, confined) your pet reacts: ___wildly ___active ___poised ___assured ___withdrawn ___lethargic, stiff
23. 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
24. Social Order: dominant ___subordinate ___leader tendencies

Owner's Signature _____ Date _____