

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 _____

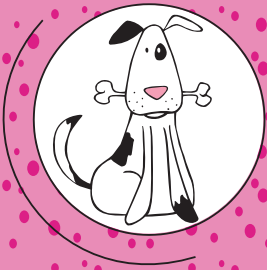
Has your dog ever shared his/her good or toys with other animals? yes no

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? _____



Walks and Wags

Play Care Application

251.643.1615

cindie@walksandwags.com

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: _____

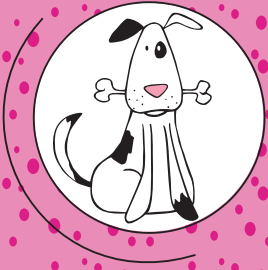
Not Serious

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

251.643.1615

cindie@walksandwags.com

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? _____

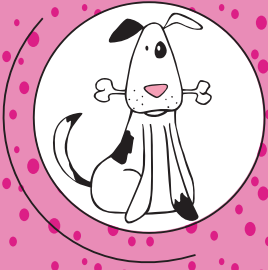
ALLERGIES (food, etc.) _____

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

Emergency Care Permission Form

251.643.1615

cindie@walksandwags.com

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 _____