



# Camp Fido Dog Daycare

8661 Stadium Drive, Kalamazoo, MI • ph: 269.544.1520 • fax: 269.544.2110 • www.campfido.com

At Camp Fido, our number one priority is the safety and well-being of your pet. Because of this, please take a few minutes to fill out the following application form. This form, along with a scheduled evaluation day, will help determine if Camp Fido is a "good fit" for your dog.

## OWNER INFORMATION

Primary Owner's Name: \_\_\_\_\_

Additional Owner's Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Daytime Phone: \_\_\_\_\_ Evening Phone: \_\_\_\_\_

Cell Phone/Pager: \_\_\_\_\_ E-mail address: \_\_\_\_\_

Emergency Contact Person: \_\_\_\_\_ Phone: \_\_\_\_\_

Emergency Relationship: \_\_\_\_\_ (e.g. friend, neighbor, sister)

Where did you hear about Camp Fido? \_\_\_\_\_

## DOG'S TRAINING/BEHAVIOR PROFILE

Dog's Name: \_\_\_\_\_ Age: \_\_\_\_\_

Sex:  female  male Neutered/Spayed?  yes  no Date of Birth: \_\_\_\_\_

Dog's Breed: \_\_\_\_\_ Color/Markings: \_\_\_\_\_

How old was your dog when you first acquired it? \_\_\_\_\_ How long have you had your dog? \_\_\_\_\_

Where did you get your dog? \_\_\_\_\_

Briefly describe your dog's training history. (i.e. no training, trained yourself, puppy classes, group classes, advanced, etc.)

Which commands does your dog know and how well?

	Always	Usually	Needs Work		Always	Usually	Needs Work
Sit	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Drop it	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Stay/wait	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Off	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Down	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Come	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Heel	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Does your dog exhibit any of the following behaviors? Please describe any "yes" answers below.

- Mouthiness  yes  no
- Jumping on people  yes  no
- Digging  yes  no
- Separation anxiety  yes  no
- Guarding food or toys  yes  no

- Excessive barking  yes  no
- Climbing fences  yes  no
- Housetraining problems  yes  no
- Excessive marking  yes  no
- Other: \_\_\_\_\_

---

---

Is your dog crate trained?  yes  no

Please check the boxes that best describe your dog's temperament. (Check all that apply.)

- Calm
- Playful
- Excitable
- Shy
- Dominant
- Aggressive

If you respond "yes" to any of the following questions, please describe in the space below.

- Does your dog have fears or phobias?  yes  no
- Has your dog ever attacked or bitten another dog?  yes  no
- Has your dog ever attacked or bitten a person?  yes  no
- Are there any people your dog automatically fears or dislikes?  yes  no
- Are there any dogs your dog automatically fears or dislikes?  yes  no

---

---

---

How would you describe your dog's current level of daily activity? \_\_\_\_\_

---

**DOG'S MEDICAL PROFILE**

- Is your dog taking heartworm preventative?  yes  no
- Does your dog have any allergies?  yes  no
- Does your dog have any preexisting or current medical conditions?  yes  no
- Is your dog taking any medications?  yes  no
- Does your dog have any sensitive areas to his/her body?  yes  no

If you responded "yes" to any of the above questions, please describe.  
\_\_\_\_\_  
\_\_\_\_\_

Please list any flea/tick prevention products your pet is using.  
\_\_\_\_\_  
\_\_\_\_\_

**Vaccination Records**

All dogs must be up-to-date on all vaccinations including DHLPP, Bordatella and Rabies. Written proof of vaccinations must be submitted.

DHLPP: \_\_\_\_\_

Rabies: \_\_\_\_\_

Bordatella: \_\_\_\_\_