



430 17th St. Sacramento, CA 95811
916.446.2501
gratefuldogdaycare.com

ENROLLMENT FORM

Owner Information

Name: _____

Address: _____

Home phone: _____ Work _____ Phone: _____

Cell Phone: _____ Email: _____

Is it ok to send pictures/updates to this email? Yes No

Emergency Contact - Other than yourself

Name: _____

Home phone: _____ Work phone: _____

List any person authorized to pick-up your dog if you cannot: _____

Pet Information

Name: _____ Breed: _____ Gender: _____

Age: _____ Weight: _____ Birthdate: _____

Veterinarian

Name: _____

Address: _____

Phone: _____

General Information

Where did you get your dog? _____

If adopted, do you have any knowledge of your dog's past history? _____

How many days a week are you considering doggy daycare? _____

Preferred days _____

How did you hear about Grateful Dog? _____

Health/Grooming

At what age was your dog spayed/neutered? _____

Is your dog current on ALL vaccinations? Yes No

Is your dog currently on heartworm prevention? _____

What flea program is your dog on? _____

Does your dog have any food restrictions? Yes No If so please list _____

Is your dog on any medications? Yes No If so please list _____

Is it okay to give your dog treats during the day? Yes No

Does your dog have hip dysplasia? Yes No

If yes, what restrictions need to be placed on your dog's activities or movements? _____

Does your dog have any allergies? Yes No

Does your dog like to be brushed? Yes No

How does your dog react to having his/her nails clipped? _____

Does your dog have any sensitive areas on his/her body? _____

Behavior

Does your dog act afraid of any specific items or noises? If so, please explain: _____

Are there any kinds of dogs your dog automatically fears or dislikes? _____

How does your dog react to puppies? _____

Where does your dog sleep at home? (In bed, crate, dog bed) _____

Has your dog ever: _____

Growled at someone? Yes No

What were the circumstances: _____

Bitten someone? Yes No

What were the circumstances: _____

Does your dog have any problems in any of the following areas: (if so, please explain)

Mouthiness: _____

Housetraining: _____

Barking: _____

Jumping: _____

Others: _____

Has your dog ever growled or snapped at anyone who has taken his/her food or toys away? Yes No

If yes, what were the circumstances? _____

Has your dog ever shared his/her food or toys with other animals? _____

Does your dog play with any toys? Yes No

If yes, what kind of toys does your dog like and what games does he/she play? _____

How often does your dog meet new dogs it does not already know? _____

Has your dog ever been in a dog fight? If so what happened? _____

Has your dog ever had any formal obedience training? Yes No

If yes, when and where? _____

What commands does your dog know? _____

Does your dog know a bathroom command? _____

Does your dog know a quiet command? _____

Does your dog know any play commands? _____

Other comments about your dog that you feel might be helpful: _____

Health and Temperament Certification

I, _____, hereby certify that my dog _____ is in good health and has not been ill with any communicable condition in the last 30 days. I further certify that my dog has not harmed or shown aggressive or threatening behavior towards any person or any other dog.

Date: _____ Signature of Owner: _____

*Please attach copy of vet records showing dates of vaccinations and bordatella