K9 to 5 — Day Care Application

437099 Hawn Drive – Unit B, New Liskeard ON P0J 1P0 · 705-680-0597

Day Care is designed for social dogs to play and have fun. Safety is our primary goal; therefore, Day Care is not for every dog. To be accepted, each Day Care Guest must: 1) complete this Application and sign the Agreement, 2) be spayed or neutered (except puppies under six months), 3) attend a Day Care Evaluation Session and meet temperament testing requirements.

Client Profile

Owner's Name

Address	**City**

Postal Code	**Email**

Phone	**Cell**	**Work**

Emergency Contact(s) — In the event of an emergency, who do we contact first?

Name	**Phone**	**Relationship**

Name	**Phone**	**Relationship**

Others authorized to pick up my pet

Veterinary Clinic and Veterinarian

Guest Profile

Pet Guest's Name	**Nickname**

Species: [ ] Dog [ ] Cat

Breed	**Color**

Sex: [ ] Male [ ] Female

Altered: [ ] Neutered [ ] Spayed [ ] Intact

Weight **DOB** **How long owned**

Has this pet ever been to day care before? [ ] Yes [ ] No

If yes, please describe your pet's experience

Personality Profile

Check all that apply.

Attributes: [ ] Fence Jumper [ ] Independent [ ] Digger [ ] Jumps [ ] Protective [ ] Mouthy

Personality: [ ] Outgoing [ ] Verbally sensitive [ ] Timid [ ] Affectionate [ ] Excitable [ ] Aggressive

Behavior: [ ] Trembles [ ] May Bite [ ] Snaps [ ] Shows Teeth [ ] Freezes [ ] Inappropriate chewing

My Pet: (check likes / dislikes for each)

Item	Likes	Dislikes
Grabbing collar	[ ]	[ ]
Getting hugs	[ ]	[ ]
Being brushed	[ ]	[ ]
Being around other dogs	[ ]	[ ]
Being touched while sleeping	[ ]	[ ]
Being touched on ears	[ ]	[ ]
Being touched on paws	[ ]	[ ]
Being touched on mouth	[ ]	[ ]
Being touched on tail	[ ]	[ ]

Does your pet engage in any unusual or repetitive behaviors? [ ] Yes [ ] No

If yes, please explain with examples

Has your pet ever bitten a person or another pet? [ ] Yes [ ] No

If yes, please explain

Is your pet an escape artist? [ ] Yes [ ] No

If yes, please explain

Medical & Other

Does your dog have any allergies? [ ] Yes [ ] No

If yes, please describe

Does your pet have any pre-existing medical conditions? [ ] Yes [ ] No

If yes, please include name and dosage of any medication

What are the words you use as commands with your dog?

Does your dog eat a lunch meal? [ ] Yes [ ] No

If so, how much?

Would you like access to our K9 to 5 app / online booking / after-hours access? [ ] Yes [ ] No

Can we contact you about your experience at K9 to 5 via email? [ ] Yes [ ] No

Agreement

[ ] I certify that the above information is accurate to the best of my knowledge.

Owner Signature **Date**