



Day Care Information Sheet

Contact: Bob or Santana Mattice
 Office: 403-506-8243
 Email: masc@telus.net

**Please fill out one form for each dog so that we may provide the best possible care for your pet. Thank you.*

Owner's Name: _____ Dog's Name: _____ Sex: M / F Date Altered: _____

Microchipped: Yes No Chip #: _____

Breed: _____ Colors/Markings: _____

How long have you owned your dog: _____

Has your dog every attended a boarding facility: Yes No If yes, where: _____

Has your dog been ill with any communicable diseases in the past month: Yes No

If yes, please describe: _____

Vaccination Dates: Rabies _____ DHPPV _____ Parvo _____ Bordatella _____

Walks:

Please describe you walks: _____

Does your dog choke on the leash: Yes No

Do you use any techniques to relinquish pulling/choking: _____

Playtime:

Is your dog possessive of toys: Yes No

If yes, please list and describe: _____

Are there any specific games your dog enjoys: Yes No

Please list and describe: _____

Personality

Is it okay for your dog to play with other animals: Yes No

If no, please explain: _____

Does your dog have any aggressions toward other animals or people: Yes No

If yes, please describe: _____

Has your dog ever bitten or been bitten: Yes No

If yes, please describe: _____

Does your dog bark/whimper a lot: Yes No

Does your dog dig/scratch: Yes No

Does your dog get frightened easily: Yes No

Does your dog try to escape: Yes No

If yes, please describe all circumstances: _____

Where does your dog like/not like to be touched: _____

What commands does your dog know:

Sit

Give Paw

Other: _____

Stay

Come

Other: _____

Bedtime

Time to eat

Other: _____

Is your dog house trained: Yes No

Is your dog crate trained: Yes No

What is your dog's potty command: _____

Anything else we should know: _____

I, _____, have entered the above information as truthfully and accurately as possible.

Client Signature

Date