

# Application for Daycare Services

Please complete this form and give it to us upon your dog's first visit to our daycare facility. This PDF form can be completed on the computer using your keyboard and then printed, or you can print it and complete it by hand. Completing the form using your keyboard gives you the option to save an electronic copy for yourself.

## Owner(s) Information:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

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

Employer: \_\_\_\_\_

## Best way to contact you:

Indicate the best order in which to contact you by numbering the phone numbers 1-4 and emails 1-2.

\_\_\_\_\_ Home #: \_\_\_\_\_ Work #: \_\_\_\_\_

\_\_\_\_\_ Cell #: \_\_\_\_\_ Pager #: \_\_\_\_\_

\_\_\_\_\_ Home Email: \_\_\_\_\_

\_\_\_\_\_ Work Email: \_\_\_\_\_

## How did you hear about us?

Please describe how you heard about Catch-n-Fetch: \_\_\_\_\_

\_\_\_\_\_

## Dog Information:

Dog's Name: \_\_\_\_\_ Breed: \_\_\_\_\_

Age: \_\_\_\_\_ Birth date: \_\_\_\_\_ Sex: \_\_\_\_\_

Spayed/Neutered? Yes No

If yes, approximate age: \_\_\_\_\_ If no, when will he/she be spayed/neutered: \_\_\_\_\_

How long have you had your dog? \_\_\_\_\_

Where did you get your dog?

Breeder Rescue Group Pound/Shelter Owner Relinquish

Other: \_\_\_\_\_

What commands does your dog know?

None Sit Stay Down Come Heal Wait

Others: \_\_\_\_\_

Has your dog been to training classes?                      Yes      No

If yes, where: \_\_\_\_\_

What level was completed? \_\_\_\_\_

Does your dog need to be with you or a member of your household all the time?

Yes      No      Somewhat

Does your dog entertain itself?                      Yes      No      Somewhat

Is your dog afraid of loud noises?                      Yes      No      Somewhat

Is your dog crate trained?                      Yes      No      Somewhat

What is your dog's energy level?                      Extreme      High      Medium      Low

Does your dog destroy their toys?                      Yes      No      Somewhat

If yes, what kind of toys? \_\_\_\_\_

Are there any behavioral issues we need to be aware?      Yes      No

If yes, please explain: \_\_\_\_\_

Give a brief description of your dog's personality: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Will your dog jump or climb a 6 foot fence?                      Yes      No      Maybe

If yes, explain the circumstances: \_\_\_\_\_

Does your dog dig?                      Yes      No      Sometimes

If yes, explain the circumstances: \_\_\_\_\_

Is your dog food (    ) or toy (    ) protective?                      Yes      No      Somewhat

If yes, please explain: \_\_\_\_\_

Has your dog shown any aggression toward people or other dogs?      Yes      No

If yes, please explain: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Will there be anybody picking up your dog other than yourself?                      Yes      No

If yes, please provide their name(s):

1) \_\_\_\_\_                      2) \_\_\_\_\_

3) \_\_\_\_\_                      4) \_\_\_\_\_

Does your dog take any medications or have any medical problems?      Yes      No

If yes, please explain: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Has your dog been tested for worms?                      Yes        No

    If positive, has your dog been treated and is now free from any parasites?    Yes        No

Is your dog on heartworm preventative?                      Yes        No

In case of emergency and after reasonable attempts to contact you have been made, are we authorized to transport your dog to a veterinarian?                      Yes        No

Preferred Clinic/Veterinarian: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

### Proof of Vaccination & Preventative

Vaccination	Date Given	Due Again
DHLPP		
Rabies		
Bordetella		
Parvo Booster		
Heartworm Prevention		
Flea Prevention		
Fecal Test		

Veterinarian Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(Signature and date must be handwritten, electronic signature is unavailable.)

Receipts from the vet showing date of vaccinations can be used in lieu of the above form being completed by your veterinarian.

I certify that I have read and understand the policies of Catch-n-Fetch as set forth on the preceding pages and that I have read and understand the conditions, and statements of this agreement

Signature of Owner: \_\_\_\_\_ Date: \_\_\_\_\_  
(Signature and date must be handwritten, electronic signature is unavailable.)

### Catch-n-Fetch Daycare for Dogs

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