

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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