

## Coastal Canine Daycare

2667A Cranberry Highway

Wareham, MA, 02571

508-322-9929

### Owner Information

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

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

Cell: \_\_\_\_\_ Home: \_\_\_\_\_ Work: \_\_\_\_\_

E-mail: \_\_\_\_\_ (by supplying this you agree to receive periodic e-mails)

Emergency Contact(s): \_\_\_\_\_ Phone: \_\_\_\_\_

### Pet Information

Name: \_\_\_\_\_ Sex: M / F Spayed or Neutered? Y / N

Age: \_\_\_\_\_ Birth Date (or best guess): \_\_\_\_\_ Weight: \_\_\_\_\_

Breed: \_\_\_\_\_ Color/Markings: \_\_\_\_\_

Where did you get your dog (breeder, shelter, other): \_\_\_\_\_

How long have you had them?: \_\_\_\_\_

Does your dog get along with other dogs?: \_\_\_\_\_

Has your dog participated in daycare before? Y / N Where?: \_\_\_\_\_

Does your dog have any kind of dog that he/she automatically dislikes? Y / N

If yes, describe \_\_\_\_\_

What types of other dogs does your dog play best with? (ie, puppies, small, large dogs)? \_\_\_\_\_

Does your dog climb/jump fences? Y / N How high was the fence?: \_\_\_\_\_

Is your dog a frequent barker? Y / N How do you stop them?: \_\_\_\_\_

Does your dog growl/snap when food/toys are taken?: \_\_\_\_\_

Has your dog ever bitten another dog or person?: \_\_\_\_\_

Does your dog have any allergies/health issues?: \_\_\_\_\_

Please describe any behavioral problems you know of: \_\_\_\_\_

\_\_\_\_\_

Is there anything else we should be aware of?: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### **Veterinary Information**

Animal Hospital: \_\_\_\_\_ City: \_\_\_\_\_

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

### **Additional Information**

When would you like to start?: \_\_\_\_\_

Would you like a set schedule? Y / N

If yes, what days? (circle all that apply)

Monday Tuesday Wednesday Thursday Friday

How did you hear about us?: \_\_\_\_\_