DOGTOPIA ADDITIONAL DOG REGISTRATION FORM

Form should be completed for each dog and accompany the original Dogtopia Registration Form

Services Interested In: (Please check all that apply.)

Date: _____ ☐ Daycare ☐ Boarding ☐ Spa Other: _____

Pet-Parent Name: _____

About Your Furry Family Member

Dog's Name: _____ Breed/Description: _____ Spayed/Neutered*? ☐ Yes ☐ No

Color: _____ Approx. Weight: _____ Birthdate (if known): _____ Age: _____ Gender ☐ F ☐ M

*Note: All dogs over the age of 7 months old, or those exhibiting early onset adolescence, must be spayed or neutered.

Where did you get your dog from? ☐ Breeder ☐ Rescue/Shelter ☐ Re-Homed ☐ Found How long have you had your dog? _____

Any known history, please describe: _____

Has your dog been in an open play daycare/boarding before? ☐ Yes ☐ No If your dog has been in open play daycare or boarding before, what did you like the most and least about your last daycare/boarding provider?

Like Most: _____

Like Least: _____

When would you like to start like to start daycare? _____

If boarding, what is your start date?_____ end date? _____

Which days of the week will you be coming to daycare? ☐ Mon ☐ Tues ☐ Wed ☐ Th ☐ Fri ☐ Sat ☐ Sun

What is most important to you about your dog's overall care?

_____

What are the 3 most important things you want your dog to experience at Dogtopia?

1. _____
2. _____
3. _____

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Health History

Up-To-Date Vaccinations, please check all that apply:

☐ Rabies ☐ Bordetella ☐ DHPP ☐ Canine Influenza Please note: A current vaccination record from your Vet is required.

Check any that have occurred in the last 6 months:

☐ Ear Infections ☐ Eye Infections ☐ Allergies ☐ Gastritis/Bloat ☐ Heartworms

☐ Tapeworms ☐ Canine Cough ☐ Heat Stroke ☐ Seizures ☐ Fleas/Ticks

Additional Health Concerns:

☐ Heart ☐ Vision ☐ Hearing ☐ Skin ☐ Hip/Elbow/Knee

☐ Surgeries (describe): _____

☐ Regular Medications (describe): _____

Preventative Health Maintenance. ☐ Current Flea/Tick ☐ Current Heartworm

Does your dog have any known allergies (include food, spa grooming products, other)? If so, list:

_____

Behavior & Social Interactions

Describe your dog's personality: _____

How would you describe your dog's energy level most of the time? ☐ High ☐ Medium ☐ Low

Is/has your dog (check all that apply):

☐ Crate Trained ☐ Escaped a crate/door, if checked explain: _____

☐ Climbed/Jumped fences, if checked explain: _____

☐ Eaten stool or other foreign objects, if checked explain: _____

☐ Does your dog go to dog parks or other off-lease environments? if yes, how often: _____

☐ Has your dog ever nipped of bit anyone, if checked explain:

_____

☐ Has your dog ever been dismissed from daycare/boarding, if checked explain:

_____

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☐ Is your dog trained for or participate in hunting excursions (e.g., rabbits, birds, squirrels)? If checked, please explain:

_____

Does your dog readily share toys with other dogs? ☐ Yes ☐ No If no, please explain: _____

Is there any person, dog, or environment that makes your dog uncomfortable? ☐ Yes ☐ No If yes, please explain:

_____

Does your dog play well with dogs of all sizes/breeds? ☐ Yes ☐ No If no, please explain:

_____

Are there any types of breeds of dogs that your dog does not like? ☐ Yes ☐ No If yes, please explain:

_____

Has your dog had any interaction with puppies? ☐ Yes ☐ No If yes, please explain: _____

My Dog... Please check all that apply:

☐ Barks at dogs while on leash ☐ Barks at dogs that pass by the house ☐ Is shy/nervous around dogs

☐ Loves to be chased by other dogs ☐ Loves to chase other dogs ☐ Plays rough ☐ Likes to chase or hunt small animals

Which commands does your dog know? (Please check all that apply.)

☐ Sit ☐ Down ☐ Stay ☐ Come ☐ Heel ☐ Leave It ☐ Go to Crate

☐ Other: (describe) _____

Diet

What brand and type of food is your dog fed? _____ The amount? _____ How often? _____

May we offer your dogs treats? ☐ Yes ☐ No

Is there anything else about your dog that we should know? (Describe.)

_____

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