



914-739-PUPS (7877)  
260 6<sup>th</sup> Street, P.O. Box 553  
Verplanck, NY 10596

914-218-8258  
295 North Bedford Road  
Mt. Kisco, NY 10549

***Dog Daycare ♦ Sleepovers ♦ Training ♦ Grooming***

caninekindergarten.com

**APPLICATION**

Date \_\_\_\_\_

**Owner Information**

Name \_\_\_\_\_

Home phone \_\_\_\_\_

Address \_\_\_\_\_

Work phone \_\_\_\_\_

\_\_\_\_\_

Cell phone \_\_\_\_\_

\_\_\_\_\_

Email \_\_\_\_\_

**Services Interested In**

Daycare  Boarding  Grooming  
 Training  Puppy Playgroup

**Location Interested In**

Verplanck  Mt. Kisco

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

**Emergency Contact Information**

**Spouse/Significant Other**

Name \_\_\_\_\_

Phone \_\_\_\_\_

**Someone Outside Immediate Family**

Name \_\_\_\_\_

Phone \_\_\_\_\_

Relationship \_\_\_\_\_

**Veterinarian Information**

Hospital \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Doctor \_\_\_\_\_

Phone \_\_\_\_\_

***“Where Every Dog is the Teacher’s Pet”***

**Dog Information****General**

Name \_\_\_\_\_

Primary Breed \_\_\_\_\_

Color \_\_\_\_\_

Sex \_\_\_\_\_ Male \_\_\_\_\_ Female

Neutered/Spayed \_\_\_\_ Yes \_\_\_\_ No

Birth Date \_\_\_\_\_

Weight \_\_\_\_\_

**Other Household Pets**

<i>Species</i>	<i>Sex</i>	<i>Neutered</i>	<i>Age</i>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**Medical History**

Date of latest vaccination against (please attach copy from veterinarian)

Rabies \_\_\_\_\_

DHLPP \_\_\_\_\_

Bordetella \_\_\_\_\_

Fecal exam \_\_\_\_\_

Type/frequency of flea/tick preventative \_\_\_\_\_

Please list below any current or past medical problems/treatments or allergies

\_\_\_\_\_

\_\_\_\_\_

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**Behavior**

*Has your dog ever . . .*

Been to obedience class? \_\_\_\_\_ Yes \_\_\_\_\_ No

Been socialized to other dogs? \_\_\_\_\_ Yes \_\_\_\_\_ No

Had to share food/water/toys with other dogs? \_\_\_\_\_ Yes \_\_\_\_\_ No

Growled at a person? \_\_\_\_\_ Yes \_\_\_\_\_ No

Growled at another dog? \_\_\_\_\_ Yes \_\_\_\_\_ No

Bitten a person? \_\_\_\_\_ Yes \_\_\_\_\_ No

Bitten another dog? \_\_\_\_\_ Yes \_\_\_\_\_ No

**Other Information**

What do you hope to achieve for you and your dog by utilizing our services?

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Is there anything else you would like to share with us about your dog?

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(Version 2.0)