



914-739-PUPS (7877)  
914-739-7881 (Fax)  
caninekindergarten.com

260 6<sup>th</sup> Street  
P.O. Box 553  
Verplanck, NY 10596

*Dog Daycare ♦ Sleepovers ♦ Training ♦ Grooming*

## APPLICATION

Date \_\_\_\_\_

### Owner Information

Name \_\_\_\_\_

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

Address \_\_\_\_\_

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

\_\_\_\_\_

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

\_\_\_\_\_

Email \_\_\_\_\_

### **Services Interested In**

Daycare    Boarding    Grooming    Training    Puppy Playgroup

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

### Emergency Contact Information

#### **Spouse/Significant Other**

#### **Someone Outside Immediate Family**

Name \_\_\_\_\_

Name \_\_\_\_\_

Phone \_\_\_\_\_

Phone \_\_\_\_\_

Relationship \_\_\_\_\_

### Veterinarian Information

Hospital \_\_\_\_\_

Doctor \_\_\_\_\_

City/State: \_\_\_\_\_

Phone \_\_\_\_\_

---

**Dog Information****General**

Name \_\_\_\_\_

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

Color \_\_\_\_\_

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

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

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

Weight \_\_\_\_\_

Where did you get your dog? \_\_\_\_\_

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

**Other Household Pets***Species**Sex**Neutered**Age*

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Medical History**

*Please attach a copy of your most recent veterinarian vaccine records showing proof of Rabies vaccine, DHLPP (distemper) vaccine, Bordetella (Canine cough) vaccine and a Fecal exam.*

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

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

\_\_\_\_\_

\_\_\_\_\_

---

**Behavior**

*Has your dog ever . . .*

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

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

Jumped a fence? \_\_\_\_\_ 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?

---

---

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

---

---

---

(Version 1.0)