



DOG DAYCARE ENROLLMENT FORM – NEW CLIENT

Client Information *Please Print*

Primary Contact:

First Name: _____ Last Name: _____

Street Address: _____ Apt/Suite: _____

City: _____ Postal Code: _____ Home Phone: _____

Cell Phone: _____ Work Phone: _____

Email Address: _____

How did you hear about us?

Friend Referral: if so whom? _____

Walk By

Website

Internet Search: _____

Emergency Contacts *Please Print*

In the event of an emergency in which we are unable to reach the primary or secondary contact as listed above. Please list TWO emergency contacts that will be available while you are away and whom you give consent to make medical decisions on your behalf. *Please Print*

Primary Emergency Contact:

First Name: _____ Last Name: _____ Home Phone: _____

Cell Phone: _____ Work Phone: _____

Secondary Emergency Contact:

First Name: _____ Last Name: _____ Home Phone: _____

Cell Phone: _____ Work Phone: _____

Veterinary Information *Please Print*

Name of Veterinarian: _____ Name of Clinic*: _____

Phone number*: _____

Date of last DA2PP (Distemper, Adenovirus, Parainfluenza, Parvovirus) vaccination*: _____ (month/day/year) Expiry Date*: 1 year or 3 year (please circle)

Date of last Rabies vaccination*: _____ (month/day/year)

Expiry Date*: 1 year or 3 year (please circle) *Required to board at Animal Haus*

Bordatella (Kennel Cough) _____ (month/day/year)

(Please note that with the Bordatella vaccination, there is still potential risk for your dog to develop Kennel Cough. Bordatella vaccination is not required to stay at Animal Haus.)

Brand name of the Vet prescribed flea preventative your dog is using: _____

Last treatment date**: _____ (month/day/year)

Brand name of the Vet prescribed Tick preventative your dog is using: _____

Last treatment date**: _____ (month/day/year)

****All pets staying at Animal Haus must be currently using a Veterinarian prescribed Flea preventative during their stay regardless of the season. All dogs staying at Animal Haus must be currently using a Veterinarian prescribed Tick preventative during their stay at from May 1 – November 30.**

(Note: In the event fleas/ticks are found on your pet, you will be contacted, and your pet may be quarantined or sent home early)

Medical History

Animal Haus recommends that pet owners ask their veterinarian to provide us with a full medical history for each pet in our care. In case of emergency those records will be provided to the veterinarian overseeing the emergency care of your pet. You may decline to provide a full medical history.

I, _____, decline to provide a complete medical history on my dog(s) to Queen West Animal Hospital's Animal Haus Boarding facility.

Owner Name: _____ Date: _____

Signature: _____

If you decline to provide a complete medical history to Queen West Animal Hospital's Animal Haus Boarding facility, we will require up to date Vaccination certificates and proof of neuter or spay if your dog is over the age of 6 months.

Dog Information

Name: _____ Breed: _____ Sex: _____ Age: _____

Birth day: _____ (month/day/year) Colour/Markings: _____

Microchip or Tattoo: _____ Spayed or Neutered *: Yes No **(Note:**

we do not accept intact dogs after 6 months of age)

Health Information *Please Print*

Does your dog have any current or previous medical problems of which we should be made aware? Yes No If yes, please elaborate:

Is your dogs on any current medications that will need to be administered while staying with us? Yes No

If yes, please fill out the following:

1) Name of Medication: _____ Dose: _____

Route of Administration (ie oral, topical etc) _____

Frequency given (give us clear times when medication is due) _____

2) Name of Medication: _____ Dose: _____

Route of Administration (ie oral, topical etc) _____

Frequency given (give us clear times when medication is due) _____

3) Name of Medication: _____ Dose: _____

Route of Administration (ie oral, topical etc) _____

Frequency given (give us clear times when medication is due) _____

IMPORTANT MEDICATION NOTICE

I, _____, understand that I am fully responsible for informing Queen West Animal Hospital's Animal Haus Boarding facility of all my dog's medications including, but not limited to:

-Ensuring **ALL** medications are clearly labeled with my dogs name, the medication name, strength, route of administration, dose to be given and dosing interval. I understand that Queen West Animal Hospital's Animal Haus Boarding facility has the right to refuse to give my dog any medication that is not clearly labeled with any portion of the above information.

-Paying a medication administration fee of \$11.70 per day that medications are to be given, or a medication administration fee of \$19 per dose if the medication is to be administered by injection.

Queen West Animal Hospital's Animal Haus is not responsible for refilling or ordering any medications for animals using our services.

Owner Name: _____ Date: _____

Signature: _____

Temperament & Behaviour *Please Print*

Has your dog had any obedience training? Yes No

If yes, what type? Beginner Advanced Other: _____

Has your dog ever escaped through doors? Yes No

Has your dog ever escaped over or under a fence? Yes No

Has your dog ever slipped out of his/her collar or leash? Yes No

Has your dog EVER shown aggression with another dog he/she is playing with? Yes No

If yes, what were the circumstances that caused the aggression?

Please check off your dog's favourite toys/games:

Ball Frisbee "Keep Away" Tug of War Cuddle

Belly Rubs Brushing Massage Other: _____

What commands does your dog know?

Sit Down Stay Come Leave it Drop it Fetch Heel

Other: _____

Does your dog have a specific elimination command? Yes No

If yes, what is it? _____

How many elimination breaks does your dog get each day? _____

Does your dog have any exercise limitations? Yes No

If yes, please elaborate: _____

Does your dog have a good recall command? Yes No

Feeding *Please Print*

How often do you feed your dog per day? _____

How much do you feed at each meal? _____

What diet are you feeding your dog? _____

Do you give your dog any treats? Yes No

If yes, what treats does he/she like? _____

Does your dog have a medical condition that requires regular times feedings? Yes No

If yes, please elaborate: _____

Does your dog have any food allergies or intolerances that we need to be aware of?

Yes No

If yes, please elaborate: _____

IMPORTANT FEEDING NOTICE

Please note that you are responsible for supplying your dog's food for the entire boarding period. This is to ensure no GI upset occurs with sudden diet changes. If you do not provide us with enough food for the boarding period your dog will be fed Purina ProPlan Veterinary Diet EN at an additional cost of \$10.80 per day.

Signature: _____ Date: _____