

DownHome Doggie Day Camp, LLC - Enrollment Form

General Information:

Dog's Name _____ Owner's Name (list all) _____
Address: _____ City: _____ St: _____ Zip: _____
Home Phone: _____ Work: _____ Cell: _____
Email Address: _____
Breed: _____ Age: _____ M/F: _____ Neutered/Spayed: _____
Food Brand: _____ Canned Dry Any diet restrictions? Yes No
If yes, what are they? _____
Treats Okay? Yes No _____
Vet Clinic: _____ Treating Veterinarian: _____
Emergency Contact (other than yourself or spouse) _____
Relationship: _____ Phone # _____
How often do you think you would like to use the Day Care service? _____
Has your dog ever been enrolled in day care before? Yes No If yes, where? _____

Vaccination Medical History:

Rabies Due: _____ DHLPP due: _____ Bordatella due: _____
Health Certificate Provided: Yes _____ No _____
Annual Giardia Test? Yes No
Yearly Heartworm Test? Yes No
If yes, what brand of preventative? Sentinel Interceptor Heartgard Other _____
Flea and Tick Medication? Yes No
If yes, what brand of preventative? Sentinel (fleas) Top Spot (ticks & fleas)
Advantage (fleas) Flea & Tick Collar Revolution (fleas) Other _____
List any known allergies: _____
Anything contagious? Yes No - If yes, what: _____
Describe any medical/health issues we need to be aware of (heart/hip problems, seizures, etc.)

Is anyone else allowed to pick up or drop off your pet? Yes No
If yes, name of authorized person: _____

(Your pet will not be released to anyone but you if this section is not completed.)

Drop off days: Mon _____ Tue _____ Wed _____ Thu _____ Fri _____

Drop off time: _____ am/pm Pickup time: _____ am/pm

Microchip number _____ Brand _____

Signature

Date