



PAWS ON PINGREE

5002 Rickert Road, Crystal Lake IL 60014

www.PawsOnPingree.com

(815) 356-3955

Please complete this Dog Daycare Application Form and Agreements prior to your first visit. We appreciate your business and can't wait to meet you and your dog!

Dog Owner Information

Name _____

Home Address _____

City _____ State _____ Zip _____

Home Phone _____

Cell Phone _____

Email Address _____

Emergency contact, if you are unreachable: _____

Phone _____

Paws on Pingree has permission to obtain my pet's medical records

(Please initial) _____

Veterinarian Name _____

Veterinarian Phone _____

Address _____

City _____ State _____ Zip _____

Pet Insurance _____

How did you hear about Paws on Pingree? _____

Referral! If so, who? _____

Pet Information (Please complete for each dog you will be bringing to daycare)

Name _____ Breed _____

Date of Birth _____ Age _____

Color _____ Weight _____

Sex _____ Neutered/Spayed _____

Preferred Brand of Food _____

Feeding Schedule _____

Is your dog allowed to get treats (if so what type and how many) _____

Medical Problems/ Allergies _____

Current Medications _____

Microchip # _____

Any special needs _____

Your Dog's Demeanor

Any previous participation at daycare or dog park _____

Any formal training _____

Please describe your dog's overall temperament _____

Please answer the following questions honestly for the safety of all our furry friends.

Please Mark "Yes" or "No" for the following situations:	Yes	No
1. Has your dog ever bitten another animal?		
2. Has your dog ever gone after another animal aggressively?		
3. Does your dog act aggressively toward a certain breed?		
4. Has your dog ever bitten you or another person?		
5. Does your dog have problems sharing toys/space/ or food?		
6. Can your dog jump or climb fences?		
7. Does anything or anyone trigger fear in your dog?		
8. Is your dog an excessive barker?		

If you answered 'yes' to any of the above questions please specify below.

***Please note Paws on Pingree requires proof of the following vaccinations:**

- **Bordetella (kennel cough)**
- **Distemper**
- **Rabies**