



BOARDING, GROOMING, DAYCARE, TRAINING

6547 Cooley Lake Rd, Waterford, MI 48327

248-363-6262

www.unionlakepets.com

Daycare Registration Form

Human Information:

Name: _____

Address: _____ City: _____

_____ State: _____ Zip: _____ Home Phone: _____

(____) _____ Work Phone: (____) _____ Cell Phone: (____) _____

_____ Email: _____ How did you hear about us? _____

_____ Are your daycare needs short-term or are you interested in repeat visits? _____

Emergency Contact:

Name: _____ Phone: (____) _____

Vet Information:

Name : _____ Phone: (____) _____ City: _____

_____ State: _____ Zip: _____

Dog Information:

Name: _____ Sex (Circle): Male/Female/Spayed/Neutered Date of birth: ____/____/____ or Age: _____

Breed: _____ Color/Markings: _____

Getting to know your dog's-Human / Dog interactions:

Has your dog been in daycare before? Yes or No Last date attended: _____ Does your dog get along with other dogs? Yes or No

When on a leash does your dog bark at other dogs? Yes or No

If yes describe: _____ What interaction has your dog had with other dogs? _____

_____ How does your dog react to puppies? _____ How does your dog react to smaller dogs? _____

How does your dog react to larger dogs? _____

Has your dog ever had any obedience training? Yes or No

Has your dog ever bitten anyone? Yes or No

If yes describe: _____

_____ Has

your dog ever growled at you or anyone else? Yes or No

-If so please describe the circumstances? _____ How is

your dog with strangers? _____ Does your dog

jump on you or strangers? _____ Does your dog share toys

well with other humans? Yes or No Other dogs? Yes or No

Getting to know your dog's - Medical Information:

Does your dog take any medications? Yes or No

-If so, what and what for? _____ Does

your dog have any allergies? Yes or No

-If so, what? _____ Does

your dog have any past or present injuries? Yes or No

-If so, what? _____ Does

your dog have any scars or skin conditions? Yes or No

-If so, what-where? _____

Getting to know your dog's Household behaviors:

How long has your dog been in your household? _____ Are there

multiple dogs in your household? Yes or No

Is your dog housetrained? Yes or No

Does your dog show any destructive behaviors at home? _____ What

type of toys does your dog play with at home? _____ Has your dog

ever jumped or climbed a fence? Yes or No If so how high? _____

Getting to know your dog's personality traits:

Does your dog bark a lot? Yes or No

Does your dog put it's mouth on you? Yes or No

-If so, in what manner? _____ Is your

dog scared of anything? Yes or No

-If so what? _____ Is there

anywhere your dog likes/dislikes to be touched? _____ Is your dog

aggressive on the leash? Yes or No

Does your dog eat treats? Yes or No

Can we give them treats while they are here? _____ What else

would you like us to know about your dog? _____
