



**BOARDING, GROOMING, DAYCARE, TRAINING**  
6547 Cooley Lake Rd, Waterford, MI 48327  
248-363-6262  
[www.unionlakepets.com](http://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? \_\_\_\_\_

\_\_\_\_\_

Account Number: \_\_\_\_\_

Name: \_\_\_\_\_

Pet(s) Name: \_\_\_\_\_

## MEDIA RELEASE

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I authorize the staff to release portions of my pet's medical history and record for the purpose of public education and agree to its' use in this manner.

I hereby waive any right that I may have to inspect or approve the finished product or products and the advertising copy or other matter that may be used in connection therewith or the use to which it may be applied.

\_\_\_\_\_  
Client Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

Employee Initials \_\_\_\_\_ Scanned/Linked: \_\_\_\_\_ (Initials)