

Petopia Daycare & Overnight Stay Enrollment Form

Guardian's Info

Please complete for each guardian (2) if applicable:

Guardian 1

First name: _____ Last name: _____

Street Address: _____ Apt: _____

City: _____ Postal code: _____

Home Phone: _____ Cell Phone: _____

Work Phone: _____

Email address: _____

Guardian 2

First name: _____ Last name: _____

Street Address: _____ Apt: _____

City: _____ Postal code: _____

Home Phone: _____ Work Phone: _____

Email address: _____

How did you hear about Petopia? (check all that apply)

- Vet Internet torontodogs.com Yellow Pages
- Red Toronto Animal Wellness City Dogs Dogs, Dogs, Dogs
- Petopia vehicle Paw Perks Friends/Family: _____
- Other: _____

Emergency Contact

First name: _____

Last Name: _____

Home Phone: _____

Cell Phone: _____

First name: _____

Last Name: _____

Home Phone: _____

Cell Phone: _____

If anyone other than the guardian(s) has permission to pick up your dog, please give us their names:

Vet Info

Name of Veterinarian: _____

Name of Clinic: _____

Address: _____

Closest Intersection: _____

Phone: _____

Fax: _____

Date of last DHPP (Distemper, Hepatitis, Parvovirus, Parainfluenza) inoculation: _____

Rabies (1 or 3 years) expiry date: _____

Bordatella (Kennel cough) expiry date: _____

Titers date (if applicable): _____

Fecal exam date: _____

Results: _____

Treated for parasites: _____

Medication: _____

Is your dog on any flea/heartworm prevention program? Yes No

Name of flea treatment product: _____

Last treatment date: _____

Does your Dog have any allergies? Yes No

If yes, explain: _____

Dog Info

Name: _____ Breed: _____

Sex: _____ Age: _____ Birthday: _____

Spayed or Neutered: Yes No At what age was this done? _____

Weight (approximate): _____ Colour/markings: _____

Distinguishing physical characteristics: _____

Microchip or Tattoo: _____

Where did you get your dog?

Breeder Newspaper ad Pet Store Rescue

Friend/family Other: _____

If adopted, do you have any knowledge of your dog's past history? _____

How long have you had your dog? _____

Does your dog have any physical or medical problems in the past or present that we should be made aware of? Yes No

If yes, please elaborate: _____

Temperament & Behaviour

Has your dog ever been in daycare? Yes No

If applying for daycare, what are your reasons for enrolling in daycare?

Socialization & Play Exercise Long day

Other: _____

Has your pet ever been boarded before? Yes No

If yes, where? _____

Was it a good experience for you dog? Please explain: _____

Does your pet have separation anxiety issues? Yes No

If yes, please elaborate: _____

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

Does your dog like to escape through doors? Yes No

Does your dog like to bark? Yes No

If yes, please tell us what prompts him/her to bark: _____

Has your dog had any formal obedience training? Yes No

If so, what type?

Beginner Advanced CGC Tricks Flyball Agility

Is your dog housetrained? Yes No

Does your dog (he/she) mark (his/her) territory with urine? Yes No

Has your dog ever growled at anyone? Yes No

If yes, please elaborate: _____

Has your dog ever bitten a person or animal? Yes No

If yes, please elaborate: _____

Does your dog guard his/her food? Yes No Toys? Yes No

If yes, please elaborate: _____

Describe what happens when you take your dog's food or toys away from him/her: _____

Does your dog get along well with other dogs? Yes No Puppies? Yes No

Does your dog get along or play with large dogs? Yes No Small dogs? Yes No

Is your dog ever aggressive with other dogs he/she is playing with? Yes No

If yes, what are the circumstances that cause the aggression? _____

What are your dog's fears or dislikes? (Please list any visual or audible) _____

Does your Dog like to be brushed? Yes No

Does your dog have any sensitive body areas? Yes No

If yes, please elaborate: _____

Is your dog comfortable with having his/her feet touched? Yes No

Is your dog comfortable with having his/her collar used to lead? Yes No

Does your dog chew inappropriate items? Yes No

Does your dog like:

Children? Yes No

Men? Yes No

Women? Yes No

Strangers? Yes No

Please list favorite toys & games:

Ball Frisbee "Keep away" Tug of war Cuddle

Belly rubs Brushing Massage Other: _____

What is his/her favorite place to go potty (i.e. outside, on newspaper, potty pad, etc.)? _____

Does your Dog have a bathroom command? Yes No

If so, what is it? _____

How many elimination walks does your dog take each day? _____

What commands does your dog know?

Sit Down Stay Come Leave it

Drop it Fetch Heel Other: _____

What motivates your dog?

Food Toys Praise Attention Other: _____

Does your Dog show any destructive behaviors when you are not at home? Yes No

If yes, please elaborate: _____

Rate your dog's energy level "1" being very mellow and "10" being high: _____

Is your dog (please check all that apply):

Allowed to run free in the home: supervised unsupervised

Allowed to run in a fenced yard: supervised unsupervised

Leash walked only

Outside unleashed but supervised

How much exercise is your dog presently getting? _____

Does your dog have any exercise limitations? Yes No

If yes, please elaborate: _____

What kind of collar do you use when you walk your dog? _____

Is it effective in keeping him/her under control? Yes No

Is your dog aggressive on a leash? Yes No

How is your dog's recall command (come when called)? _____

Does your dog jump up on you or strangers? Yes No

Feeding

My dog eats Breakfast Lunch Dinner _____ cup(s) at each meal

Special Feeding Instructions: _____

Does your dog have any food allergies that you know of? Yes No

If so, please elaborate: _____

What type of food do you feed? _____

Is your dog allowed treats? Yes No