



Parent Information

PARENT #1

Name: _____

Address: _____

City, State, Zip: _____

Home Phone: _____

Work Phone: _____

Mobile Phone: _____

Email Address: _____

PARENT #2

Name: _____

Address: _____

City, State, Zip: _____

Home Phone: _____

Work Phone: _____

Mobile Phone: _____

Email Address: _____

Emergency Person to Contact if you can't be reached. This person should be someone you trust making decisions about your dog.

EMERGENCY CONTACT #1

Name: _____

Address: _____

City, State, Zip: _____

Home Phone: _____

Work Phone: _____

Mobile Phone: _____

Email Address: _____

EMERGENCY CONTACT #2

Name: _____

Address: _____

City, State, Zip: _____

Home Phone: _____

Work Phone: _____

Mobile Phone: _____

Email Address: _____

VETERINARY INFORMATION

Veterinarian Name: _____

City: _____

Hospital Name: _____

Phone: _____

Refer A Friend Program

How did you hear about us? WEBSITE VET APT-COMPLEX TRAINER FRIEND ADVERTISEMENT

What is your friends first/last name? _____ What is their dog's name? _____

Advertisement Information: _____ Apartment Complex _____



Pooch's Profile

Tell us about your best friend!

POOCH #1

Name: _____

Breed: _____

Sex (M/F): _____

Neutered/Spayed: _____

Date of Birth: _____

Color: _____

Identifying Marks: _____

Odd lumps/scars: _____

POOCH #2

Name: _____

Breed: _____

Sex (M/F): _____

Neutered/Spayed: _____

Date of Birth or Approx Age: _____

Color: _____

Identifying Marks: _____

Odd lumps/scars: _____

MEDICATIONS/FOOD

Name of Medication: _____

Reason for Use: _____

Times/day: _____

Any Medical Conditions: _____

Has your dog ever had a seizure? _____

Does your dog have hip dysplasia? _____

Allergies: _____

Dietary Restrictions: _____

What food does your dog eat?: _____

Has your dog been ill in the last 30 days? _____

Is your dog on flea control? _____

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POOCH'S ORIGIN

How old was your dog when he came home? _____

How/where did you get your dog? _____

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POOCH'S HABITS

Does your dog tolerate being brushed? _____

Are there any sensitive areas on your dog? _____

How active is your dog? _____

Has your dog visited:
Other daycares: _____
Dog Parks or Beaches: _____

How did he react in these situations: _____

How does your dog react to small dogs or puppies? _____

Large dogs? _____

Is your dog frightened by noises? _____

Is there a type of person your dog is afraid of? _____

Has your dog ever growled or snapped at anyone taking food or toys away? _____

Does your dog exhibit protective behavior? _____

Has your dog ever bitten a person or animal causing injury or death? _____

Has your dog ever been in a dog fight that ended with injuries? _____

Does your dog tend to be an escape artist? _____

Has your dog ever tried to climb a 6 foot fence? _____

Does your dog play with toys? _____

Does your dog has a barking problem? _____

Does your dog use his mouth too rough on you or your family? _____

Has your dog had training? _____

Which trainer? _____

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NOTIFICATION OF USE OF FOOD DURING DAYCARE ACTIVITIES

Wags & Wiggles has implemented a unique activity during the regular daycare day. Dogs will receive a Quick Train Session during the day. This does not take the place of a structured training program at home such as obedience classes, private lessons, dayschool or board/train. These Quick Train sessions are very short and take place in groups of the daycare dogs. The purpose of this program:

- To give dogs a chance to learn something new in the daycare. It's not all about chase and wrestle.
- To give the staff better control through cues over the pack
- To reward good behavior as the dogs are entering and exiting the building & play areas

The Quick Train lessons focus on teaching your dog to sit in groups and come when called. For advanced dogs, it may include stay, leave it and shake. We are implementing this to improve your dog's experience in daycare and help our staff communicate better with your dog.

All dogs are expected to understand SIT before coming into our facility however if a dog is struggling to sit in the group, an individual session will be done.

Your dog may be excluded from these activities ONLY if they have a severe food allergy. All dogs are REQUIRED to participate in Quick Train Sessions. We use Zukes (Salmon Flavor) as the treats during the Quick Train. Most dogs will not receive more than 5-10 small zukes in any given day.

I have read and understand that my dog will be participating in the Quick Train Program

My dog has food allergies and CAN NOT eat Zukes Salmon Treats

Client Name _____ Dog Name(s) _____

Signature _____