



DOGTOPIA ADDITIONAL DOG REGISTRATION FORM

Form should be completed for each dog and accompany the original Dogtopia Registration Form

Services Interested In: (Please check all that apply.)

Date: _____ Daycare Boarding Spa Other: _____

Pet-Parent Name: _____

ABOUT YOUR FURRY FAMILY MEMBER

Dog's Name: _____ Breed/Description: _____ Spayed/Neutered*? Yes No

Color: _____ Approx. Weight: _____ Birthdate (if known): _____ Age: _____ Gender F M

***Note: All dogs over the age of 7 months old, or those exhibiting early onset adolescence, must be spayed or neutered.**

Where did you get your dog from? Breeder Rescue/Shelter Re-Homed Found How long have you had your dog? _____

Any known history, please describe: _____

Has your dog been in an open play daycare/boarding before? Yes No If your dog has been in open play daycare or boarding before, what did you like the most and least about your last daycare/boarding provider?

Like Most: _____

Like Least: _____

When would you like to start like to start daycare? _____

If boarding, what is your start date? _____ end date? _____

Which days of the week will you be coming to daycare? Mon Tues Wed Th Fri Sat Sun

What is most important to you about your dog's overall care?

What are the 3 most important things you want your dog to experience at Dogtopia?

1. _____

2. _____

3. _____



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HEALTH HISTORY

Up-To-Date Vaccinations, please check all that apply:

- Rabies
- Bordetella
- DHPP

Please note: A current vaccination record from your Vet is required.

Check any that have occurred in the last 6 months:

- Ear Infections
- Eye Infections
- Allergies
- Gastritis/Bloat
- Heartworms
- Tapeworms
- Canine Cough
- Heat Stroke
- Seizures
- Fleas/Ticks

Additional Health Concerns:

- Heart
- Vision
- Hearing
- Skin
- Hip/Elbow/Knee

Surgeries (describe): _____

Regular Medications (describe): _____

Preventative Health Maintenance. Current Flea/Tick Current Heartworm

Does your dog have any known allergies (include food, spa grooming products, other)? If so, list:

BEHAVIOR & SOCIAL INTERACTIONS

Describe your dog's personality: _____

How would you describe your dog's energy level most of the time? High Medium Low

Is/has your dog (check all that apply):

Crate Trained Escaped a crate/door, if checked explain: _____

Climbed/Jumped fences, if checked explain: _____

Eaten stool or other foreign objects, if checked explain: _____

Does your dog go to dog parks or other off-lease environments? if yes, how often: _____

Has your dog ever nipped or bit anyone, if checked explain: _____

Has your dog ever been dismissed from daycare/boarding, if checked explain: _____



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Is your dog trained for or participate in hunting excursions (e.g., rabbits, birds, squirrels)? If checked, please explain:

Does your dog readily share toys with other dogs? Yes No If no, please explain: _____

Is there any person, dog, or environment that makes your dog uncomfortable? Yes No If yes, please explain:

Does your dog play well with dogs of all sizes/breeds? Yes No If no, please explain:

Are there any types of breeds of dogs that your dog does not like? Yes No If yes, please explain:

Has your dog had any interaction with puppies? Yes No If yes, please explain: _____

My Dog... Please check all that apply:

- Barks at dogs while on leash
 Barks at dogs that pass by the house
 Is shy/nervous around dogs
 Loves to be chased by other dogs
 Loves to chase other dogs
 Plays rough
 Likes to chase or hunt small animals

Which commands does your dog know? (Please check all that apply.)

- Sit
 Down
 Stay
 Come
 Heel
 Leave It
 Go to Crate

Other: (describe) _____

DIET

What brand and type of food is your dog fed? _____ The amount? _____ How often? _____

May we offer your dogs treats? Yes No

Is there anything else about your dog that we should know? (Describe.)
