



## Doggie Daycare / Boarding Application

155 Lake Drive  
 Wexford, PA 15090  
 724-935-DOGS  
[www.myK9kingdom.com](http://www.myK9kingdom.com)

Owner Information		
Name:	Street:	City, Zip:
E-mail:	Home Phone:	Cell Phone:
Emergency Contact Information		
Name:	Home Phone:	Cell Phone:
E-mail:	Work Phone:	Other:

Pet Information		
Name:	Breed:	Color/:
Sex: <input type="checkbox"/> M <input type="checkbox"/> F Altered: <input type="checkbox"/> Neutered <input type="checkbox"/> Spayed	Weight:	Birthdate:                      Age:

**Please answer all questions in order for the application to be evaluated in a timely fashion.**

Pet History	
Has your dog visited K9 Kingdom's dog park? <input type="checkbox"/> Yes <input type="checkbox"/> No	How did you hear about us?
Where did you get your dog?	At what age?
If adopted, what do you know of your dog's history?:	
How does your dog behave around children?:	
Other animals in your household? <input type="checkbox"/> Dogs <input type="checkbox"/> Cats <input type="checkbox"/> Other <input type="checkbox"/> None      Please list type, sex, and age of each below:	
How does your dog get along with resident animals?	
Does your dog like to be brushed? <input type="checkbox"/> Yes <input type="checkbox"/> No	Does your dog react to having nails clipped?
Favorite petting spots?	Sensitive spots:

Training Profile and Social Experience	
Has your dog had formal training? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, when?                      Where?
What commands does your dog know well? <input type="checkbox"/> Sit <input type="checkbox"/> Down <input type="checkbox"/> Stay <input type="checkbox"/> Come <input type="checkbox"/> Heel <input type="checkbox"/> Off <input type="checkbox"/> Leave It	
Does your dog have a 'potty' command? <input type="checkbox"/> Yes <input type="checkbox"/> No    If yes, what is it?	
How frequently does your dog visit dog parks?	How does he/she normally do?
Would you like more information about: <input type="checkbox"/> Obedience training during daycare <input type="checkbox"/> Pick Up/ Delivery <input type="checkbox"/> Grooming <input type="checkbox"/> Dog Wash ?	

Office Use Only:    Date Rec'd: \_\_\_\_\_    Date Approved: \_\_\_\_\_    Vaccines Rec'd: \_\_\_\_\_    Owner Notified: \_\_\_\_\_    Start Date: \_\_\_\_\_

Behavior Questionnaire		
Does your dog act afraid of any specific items or noises? If so, please explain:		
How does your dog react to strangers coming into your home/yard?		
Does your dog bark or growl at anyone passing outside home or yard? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Are there any kinds of <b>people</b> your dog automatically fears or dislikes? <input type="checkbox"/> Yes <input type="checkbox"/> No Explain:		
Are there any types of <b>dogs</b> your dog automatically fears or dislikes? <input type="checkbox"/> Yes <input type="checkbox"/> No Please Explain:		
How does your dog react to puppies?	Small dogs?	Large Dogs?
What causes your dog to growl?:		
Has your dog ever bitten someone?: <input type="checkbox"/> Yes <input type="checkbox"/> No Broken skin? <input type="checkbox"/> Yes <input type="checkbox"/> No Please describe:		
Has your dog ever bitten another dog?: <input type="checkbox"/> Yes <input type="checkbox"/> No Broken skin? <input type="checkbox"/> Yes <input type="checkbox"/> No Please describe:		
Has your dog ever growled or snapped at anyone who has taken food or toys away? <input type="checkbox"/> Yes <input type="checkbox"/> No Explain:		
Has your dog ever had to share food or toys with other animals? <input type="checkbox"/> No <input type="checkbox"/> Rarely <input type="checkbox"/> Often		
Does your dog have any favorite toys or games?		
Has your dog ever attended daycare at another facility? <input type="checkbox"/> Yes <input type="checkbox"/> No	Where?	How Frequently?
Any feedback?		

Have you had problems in any of the following areas? If so, please explain:		
Houstraining:	Mouthiness:	Barking:
Digging:	Jumping:	Mounting:

General
How do you feel your dog would benefit from daycare?
How frequently would you like your dog to attend daycare? <input type="checkbox"/> Daily <input type="checkbox"/> 2-3 times weekly <input type="checkbox"/> Once weekly <input type="checkbox"/> 2-3 times monthly
Do you have preferences for any particular weekdays? <input type="checkbox"/> Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday <input type="checkbox"/> Friday