

ENROLLMENT APPLICATION

Please fill out an application for each dog you are enrolling, you can skip the owner information for additional dogs.

OWNER INFORMATION:

NAME _____ HOME PHONE _____

ADDRESS _____ WORK PHONE _____

CITY / STATE / ZIP _____ CELL PHONE _____

EMAIL _____ OTHER PHONE _____

ALTERNATE EMERGENCY CONTACT: (if you cannot be reached)

NAME _____ PHONE _____

VETERINARIAN:

NAME _____ PHONE _____

ADDRESS _____ CITY / STATE / ZIP _____

CANINE INFORMATION:

NAME _____ BREED/DESCRIPTION _____ COLOR _____

☐ Neutered Male ☐ Spayed Female - Spay/Neuter Date _____ (Dogs over 7 months must be spayed or neutered.)

WEIGHT _____ BIRTHDAY/DATE OF ADOPTION _____ MICRO-CHIP YES / NO

WHERE DID YOU GET YOUR DOG _____

IF ADOPTED WHAT IS HIS/HER PAST HISTORY _____

PLEASE CHECK ALL THAT APPLY TO YOUR DOG:

- | | | |
|--|--|---|
| <input type="radio"/> HAS ATTENDED DAY CARE | <input type="radio"/> SLEEPS IN OUR BED | <input type="radio"/> HAS BITTEN SOMEONE |
| <input type="radio"/> GOES TO DOG PARKS | <input type="radio"/> SLEEPS IN OWN BED | <input type="radio"/> HAS BITTEN ANOTHER DOG |
| <input type="radio"/> HAS BEEN BOARDED | <input type="radio"/> CRATE-TRAINED | <input type="radio"/> NOT HOUSE TRAINED |
| <input type="radio"/> WALKS WELL ON LEASH | <input type="radio"/> SHY AROUND OTHER DOGS | <input type="radio"/> INAPPROPRIATE URINATION |
| <input type="radio"/> HAS SEPARATION ANXIETY | <input type="radio"/> SHOWS FOOD AGGRESSION | <input type="radio"/> LIKES TO BE BRUSHED |
| <input type="radio"/> HAS TRAINING | <input type="radio"/> WILL EAT FOREIGN OBJECTS | <input type="radio"/> FEARS _____ |
| <input type="radio"/> KNOWS BASIC COMMANDS | <input type="radio"/> AFRAID OF NOISES | <input type="radio"/> OTHER _____ |
| <input type="radio"/> WILL SHARE TOYS | <input type="radio"/> STOOL EATER | <input type="radio"/> OTHER _____ |

To help us give your pet the love and attention he/she deserves, please take a few more minutes to answer the following questions.

List any other animals in your home: _____

How does your dog relate to these animals: (ignores, plays with them, jealous, etc.) _____

How does your dog respond to children: _____

How does your dog respond to strangers coming into your home: _____

Is your dogs aggressive towards other dogs? _____

What are your dogs favorite games: _____

Does your dog have any physical limitations that may prevent certain types of play? _____

TREATS / FOOD INSTRUCTIONS:

Can your dog have treats while at Core Pet Zone? YES / NO

Are there any treats/food your dog cannot have? _____

HEALTH HISTORY: (check any that have occurred)

☐ Ear Infections ☐ Allergies ☐ Worms (heart/tape) ☐ Canine Cough ☐ Eye Infections
☐ Gastritis/Bloat ☐ Heat Stroke ☐ Seizures ☐ Surgeries: _____

Please explain any health conditions listed above or other concerns: _____

We require that you have an up-to-date vaccination or titer test showing antibodies to the following diseases: Distemper, Parvovirus, Bordetella, and Rabies. All dogs must have had a negative fecal exam within the last 12 months.

Good behavior and manners are encouraged with paw-sitive reinforcement. Dogs who show aggression towards other dogs or people may be refused.

The above information is accurate and true to the best of my knowledge,

Signature: _____ Date: _____

FOR OFFICE USE ONLY

<input type="checkbox"/> ENROLLMENT APPLICATION	<input type="checkbox"/> HOLD HARMLESS	<input type="checkbox"/> VETERINARIAN RECORDS
<input type="checkbox"/> ENROLLMENT EVALUATION	<input type="checkbox"/> DAY CARE FORM	<input type="checkbox"/> BOARDING FORM

SOURCE/REFERRAL _____