



## ENROLLMENT FORM

### Contact Information:

Dog's Name: \_\_\_\_\_ Parent's Name (please list all parents): \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ St: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work: \_\_\_\_\_

Cell: \_\_\_\_\_ Pager: \_\_\_\_\_

Email Address: \_\_\_\_\_  
(by supplying this, you agree to receive periodic email from Noah's Bark)

Please List with All Those Authorized to Pick Up Your Dog, Include a Phone Number:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

(Please Indicate Which of the Above May Be Notified to Pick Up Your Dog In The Event of an Emergency)

How Did You Hear About Us?

Saw Sign

Referred

Saw Newspaper Ad

Name of Referral: \_\_\_\_\_  
(Referrals = Free Day For the Dog/Parent that Referred You!)

Saw Flyer

How often do you plan to use the attend Day care? \_\_\_\_\_  
(Minimum of One Day Per Week)

### Dog Health and Veterinary Information:

Breed: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Male / Female \_\_\_\_\_ Neutered / Spayed \_\_\_\_\_  
If not, when? \_\_\_\_\_  
(All Dogs must be spayed/neutered by **SIX** months of age to attend daycare)

Has your dog ever been enrolled in day care before?  Yes  No If yes, where? \_\_\_\_\_

Food Type: \_\_\_\_\_ Canned Or Dry? \_\_\_\_\_

Vet Clinic: \_\_\_\_\_ Treating Veterinarian: \_\_\_\_\_



List any known allergies: \_\_\_\_\_

Rabies due: \_\_\_\_\_ DHLPP due: \_\_\_\_\_ Bordatella due: \_\_\_\_\_

Yearly Heartworm Test?  Yes  No

If yes, what brand of preventative?  Sentinel  Interceptor  Heartgard  Other

Flea and Tick Medication?  Yes  No

If yes, what brand of preventative?  Top Spot (ticks & fleas)  Advantage (fleas)  Sentinel (fleas)

Flea and Tick Collar  Revolution (fleas)  Other

Describe any medical/health issues we need to be aware of (i.e. seizures, heart/hip problems, etc.): \_\_\_\_\_

Anything contagious?  Yes  No If yes, what: \_\_\_\_\_

Is your dog microchipped?  Yes  No Microchip number: \_\_\_\_\_ Brand: \_\_\_\_\_

### **General Information:**

How long has your dog been in your family? \_\_\_\_\_ Where did you get your dog? \_\_\_\_\_

If adopted, do you have any knowledge of your dogs past history? \_\_\_\_\_

How many people are there in your family?

Adult: \_\_\_\_\_ Male: \_\_\_\_\_ Female: \_\_\_\_\_

Children: \_\_\_\_\_ Male: \_\_\_\_\_ Ages: \_\_\_\_\_ Female: \_\_\_\_\_ Ages: \_\_\_\_\_

Has your dog had any obedience training?  Yes  No

If yes, to what level?  Beginner  Advanced  CGC  TDI  Flyball  Agility

Do you use a crate?  Yes  No If yes, are they comfortable in the crate?  Yes  No

### **Please answer the following about your dog:**

Comfortable with having his/her feet touched?  Yes  No  Don't know

Comfortable with having his/her collar used to lead?  Yes  No  Don't know



Climbed or jumped a fence?  Yes  No  Don't know

Growled or snapped at anyone who's touched his/her bones, food or toys?  Yes  No  Don't know

Play with other dogs on a regular basis?  Yes  No

If yes, would you say he/she plays nicely?  Yes  No Comments: \_\_\_\_\_

\_\_\_\_\_

Prefer certain sexes of dogs?  Yes  No If yes, which sex? \_\_\_\_\_

Automatically dislike any kind of dog?  Yes  No If yes, what kinds? \_\_\_\_\_

Does your dog automatically dislike any kind of person?  Yes  No If yes, what kinds? \_\_\_\_\_

React to puppies?  Happy to see them  Go away I don't like you  Indifferent to them

React to strangers?  Happy to see them  Go away I don't like you  Indifferent to them

Describe any behavioral problems/idiosyncrasies/special sensitivities we should be aware of: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

IF ANY OF THE ABOVE INFORMATION CHANGES, PLEASE NOTIFY US IMMEDIATELY!