

Four Paws Playground

Doggie DayCare, Crateless Boarding & Positive Training

500 Bloomsbury Road
Bloomsbury NJ 08804
908-479-6882
www.FOURPP.com



Client Information - 2010

Tell us about you

Owner's Name: _____
Street Address 1: _____
Street Address 2: _____
City, State, Zip: _____
Home Phone: _____
Work Phone: _____
Cell Phone: _____
Email Address: _____

Spouse / Partner Name: _____
Home Phone: _____
Work Phone: _____
Cell Phone: _____
Email Address: _____

Emergency Contact Name: _____
Home Phone: _____
Work Phone: _____
Cell Phone: _____

Tell us about your dog (PLEASE COMPLETE ONE APPLICATION PER DOG)

Dog's Name: _____ Sex: Male Female
Breed: _____ Color: _____
Is your dog spayed / neutered? YES NO
Birthday: _____ Dog's Age? _____

NOTE: Dogs older than 6 months must be spayed or neutered to attend daycare.

Signature: _____ Date: _____

D o g g i e D a y c a r e I n f o r m a t i o n

REQUIREMENTS for Daycare and Boarding

Completed FourPP Application **Up-to-date vaccination records**
Evaluated by FourPP Staff **K9 Cough vaccination (Borditella)**
Signed FourPP Waiver **Heartworm preventative**
Signed FourPP Policy **Flea and Tick Preventative**
NEW Jan 2010 – K9 Influence Vaccination (Talk to your vet)
Yearly Fecal Test for worms and Giardia (New and Current)
Spayed or Neutered if 6 months or older

****** All Applications, Shot Records, Policies, Waivers & Evaluation
must be complete & submitted prior to Daycare or Boarding ******

Is your dog friendly towards other dogs? YES NO

explain: _____

Is your dog friendly towards people? YES NO

explain: _____

Why are you enrolling in Doggie Daycare?

explain: _____

Where did you obtain your dog?

explain: _____

How old was he / she when you got him/her?

explain: _____

Is this your first dog? YES NO

Is your dog house trained? YES NO

Is your dog crate trained? YES NO

Is your dog comfortable in his / her crate? YES NO

What does your dog do when...

Take a toy away from him / her? _____

Take food away from him / her? _____

Touch when asleep? _____

Touch his / her neck / collar? _____

Tell us about your dog's training

Have you (or are you) enrolled in classes at Four Paws Playground? YES NO

What commands does your dog know:

Tell us about your dog's medical history.

Veterinarian or name of animal hospital: _____

Your vet's phone number: _____

Dog's Tattoo or Microchip Number: _____

Describe any physical problems, illness, skin problems, or other conditions that your dogs has. _____

What medication is your dog currently taken and the reason for taken it?

If on medication please provide us with times it is dispensed.

What dietary restrictions and /or allergies does your dog have?

Is your dog afraid of anything (example thunder or loud noise?)

Is there anything else that you feel we should know about your dog?

What Heartworm Preventative Medication
Please List Medication _____

What topical Flea & Tick medication monthly
Please List Medication _____

Has your dog ever had Lymes Disease?: Yes No

** Please provide us with a copy of your dog's vaccination records signed from your vet prior to your dog's first day of daycare.

How did you hear about Four Paws Playground Doggie Daycare?

Referred by: _____

Choose your first day

Month: _____ Day: _____

Boarding Information

Feeding Times: _____ How many times per day: _____

How much food per feeding: _____

Eating habits: _____

Night routine: _____

Where does he/she sleep at home: _____

Other information we should know: _____

When Your Dog Cannot Attend Daycare or Boarding

- Your dog needs to stay home for 10 days following a spay/neuter operation.
- If your dog is coughing/sneezing, has diarrhea, or is experiencing anything that is not normal, please do not bring him to daycare. He could be contagious.
- Your dog needs to stay home for 2 weeks after visiting any dog parks.

Owner's Signature

Date