



DAYCARE | BOARDING | GROOMING

**3443 Cass Ave., Midtown Detroit | (313) 831-3647
1221 East Nine Mile Rd., Ferndale | (248) 556-5675**

REGISTRATION FORM

Please Print Clearly

HUMAN INFORMATION

NAME: _____

ADDRESS: _____

CITY: _____

STATE: _____ ZIP: _____

HOME PHONE: () _____

WORK PHONE: () _____

CELL PHONE: () _____

EMAIL: _____

How did you hear about Canine To Five? _____

Are your daycare needs short-term or are you interested in repeat visits? _____

EMERGENCY CONTACT

NAME: _____

PHONE: () _____

VET INFO

NAME: _____

PHONE: () _____

CITY: _____

STATE: _____ ZIP: _____

DOG INFO

NAME: _____

SEX (CIRCLE): MALE FEMALE

DATE OF BIRTH: _____

BREED: _____

COLOR/MARKINGS: _____

GETTING TO KNOW YOUR DOG – HUMAN/DOG INTERACTION

Has your dog been in daycare before? YES NO When: _____

Does your dog get along with other dogs? YES NO

What interaction has your dog had with other dogs?

How does your dog react to puppies?

To smaller dogs?

To larger dogs?

Has your dog ever had any obedience training?

Has your dog ever bitten anyone?

- If so, please describe: _____

Has your dog ever growled at you or anyone else? YES NO

- If so, explain circumstance? _____

How is your dog with strangers?

Does your dog jump on you or strangers?

Does your dog share toys well with other humans? YES NO Other Dogs? YES NO

GETTING TO KNOW YOUR DOG – MEDICAL INFORMATION

Is your dog spayed/neutered? YES NO

Does your dog take any medications? YES NO

- If so, what and what for: _____

Does your dog have any allergies? YES NO

- If so, what: _____

Does your dog have any past or current injuries? YES NO

- If so, what: _____

Does your dog have any scars or skin conditions? YES NO

- If so, what: _____

GETTING TO KNOW YOUR DOG – HOUSEHOLD BEHAVIORS

How long has your dog been in your household? _____

Are there multiple dogs in your household? YES NO How Many: _____

Are there children in your household? YES NO

Is your dog housetrained? YES NO

Does your dog show any destructive behaviors at home?

What type of toys does your dog play with at home?

Has your dog ever jumped or climbed a fence? YES NO If so, how high: _____

GETTING TO KNOW YOUR DOG – PERSONALITY TRAITS

Does your dog bark a lot? YES NO

Does your dog put it's mouth on you? YES NO

- If so, in what manner: _____

Is your dog scared of anything?

- If so, what: _____

Is there anywhere your dog likes/dislikes to be pet?

Is your dog aggressive on the leash? YES NO

Does your dog eat treats? YES NO

What else would you like us to know about your dog?