



127 Main Road, Holden, Maine (207)-989-9977

uncommondogofholden@gmail.com

Daycare Enrollment Application

OWNER INFORMATION

Name(s): _____
email: _____ best phone #: _____
second phone #: _____
Mailing address _____

PET INFORMATION

Pet #1

Dog's Name: _____ Breed: _____
Date of Birth: _____ Sex: **M / F**
Spay/Neuter: **YES / NO** if no, do you plan on spaying or neutering by 7 mos? **YES / NO**
Veterinarian: _____

Pet #2

Dog's Name: _____ Breed: _____
Date of Birth: _____ Sex: **M / F**
Spay/Neuter: **YES / NO** if no, do you plan on spaying or neutering by 7 mos? **YES / NO**
Veterinarian: _____



GENERAL

How did you hear about Uncommon Dog? _____

How long have you owned your dog? _____

Where did you get your dog? _____

If adopted, do you have knowledge of your dog's past history? _____

Are there any other pets in your household? **YES / NO**

If yes, please list animals, include breed and age:

Have you observed your dog playing with other dogs? What did you see?

Why are you applying for doggie daycare?

How many days a week are you looking for? Do you have specific days that are preferable?

HEALTH INFORMATION

Does your dog have any physical or medical conditions we should be aware of?

YES / NO

If yes, are there restrictions for your dog's activities or movements?

Does your dog have any allergies? **YES / NO** If yes, explain: _____

HEALTH CERTIFICATION

I, _____, hereby certify that my dog _____ is in good health and has not been ill with any communicable condition in the last 30 days.
Date: _____ Signature of Owner: _____

BEHAVIOR

Rate your dog's energy level "1" being very mellow and "10" being very high:

Has your dog previously been in daycare? YES / NO
If yes, how was the experience?

How does your dog react to dogs they have never met?

How does your dog react to strangers?

Does your dog act afraid of any specific items or noises? If so, please explain:

Are there any things your dog automatically fears or dislikes?

Has your dog ever:

Growled at someone? **YES / NO** If yes, what were the circumstances?

Bitten someone? **YES / NO** If yes, what were the circumstances?

Growled or snapped at anyone who has taken their food away? **YES / NO**
If yes, please explain: _____

Been in a dog fight? **YES / NO** If yes, what happened?

Does your dog have any habits in any of the following areas:? (if so, please explain):
Chewing, Barking, Jumping, Climbing Fences, Digging, Other

Has your dog had any formal training, such as obedience, canine good citizen or group classes? **YES / NO**

If yes, when and where? _____

Is there anything else you'd like to add to ensure a safe and happy experience for your dog?

Thank you so much for your interest and taking the time to tell us about your pup!



Office use:

Date received:

Waitlist: Y/N

Owner notified of waitlist status:

Evaluation scheduled: