What is your dog's training	g history? □			
How would you respond if	your dog did some	thing wrong in the	home?	
Please list the following if Preexisting or current med		og re: □		
Orthopedic problems, i.e.	hip dysplasia, arthri	tis, loose kneecap	os?□□	
Allergies (food) -□□	Medications -			
Is your dog on a flea prevenue Yes□ □ Bordatellosis (kennel cou Yes□ □	No 🗆 🗆	,		
How does your dog rea (apartment)?□□□				ome or yard
How does your dog rea	ct to strangers or	other dogs out ir	n public?□	
Does your dog fear or o (Please list)□	lislike any types o	f people, or type	s of dogs?	
Is your dog frightened b	y any noises or ol	ojects?		
Has your dog ever bitte	n a person or ano	ther dog?□		
Is your dog possessive $\hfill\Box$	of toys, food, or o	bjects?□□		
Can we give your dog to	reats while in dayo	care?□		
Is your dog sensitive ab	out any parts of h	is/her body?□		
Where are your dog's fa	avorite petting spo	ts?		
Please list any commer problem housetraining,		•	•	us.□i.e.; digging, □
How did you hear abou	t our daycare? (ple	ease cirlce) □		
Canpages.ca□	Yellow Pages□	Website□	Friend	Flyer

We must have a copy of your dog's vaccination records before starting daycare.