

Tidewater Trail Animal Hospital

10839 Tidewater Trail

Fredericksburg, VA 22408

540-361-7050

Ttahoffice2@verizon.net

**Application for Doggie Daycare**

**Your Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Dog’s name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Phone number\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Email\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Where did you get your dog? (breeder, pet store, rescue) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

How old was your dog when you got it?

Is your dog (Please check all that apply):

* Allowed to run free in the house
* Allowed to run free in a fenced yard
* A jumper
* Leash walked only
* Unleashed outside, but supervised

Has your dog ever snapped or bitten at someone taking food or toys away? If yes, please explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

How does your dog react to strangers? (friendly, fearful, aggressive) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Are there any people that your dog automatically fears or dislikes? If yes, please explain: \_\_\_\_\_

Is your dog afraid of or aggressive toward any particular kind of dog? (smaller/bigger)

Has your dog ever played off leash with other dogs? Please describe

Has your dog ever bitten anyone? Please describe the circumstances

Has your dog ever bitten another dog? Please describe the circumstances

Has your dog ever participated in any of the following types of training (check all that apply):

* Self-trained
* Puppy classes
* Basic obedience
* Advanced obedience
* Train and board
* Agility training

Does your dog have fears or phobias? (please list)

Does your dog exhibit any of the following behaviors:

* Excessive mouthing (play biting)
* Jumping on people
* Digging
* Excessive chewing
* Marking
* Stool eating
* Excessive barking
* Separation anxiety
* Climbing (gates/fences)

How much/what type of exercise does your dog currently get?

Does your dog have any pre-existing or current medical conditions?

Does your dog suffer from hip dysplasia, knee problems or arthritis?

Is your dog taking any medications? Please list

Does your dog have any sensitive areas?

Please check any additional services you are interested in:

* Veterinary care
* Training (CGC, Star puppy)
* Boarding
* Grooming
* Behavior services

What is the main reason you have chosen daycare for your dog?

Do you have any questions or concerns not addressed in this application?