



The Doggie Depot of Virginia, LLC
2100 S Loudoun St., Winchester, VA 22601

Date: _____

Day Care Enrollment Application

Please complete an application for each dog being evaluated and provide a copy of most recent vaccination records.

Owner Name: _____ Email: _____

Address: _____

City: _____ State: _____ Zip: _____

Primary Phone: _____ Secondary Phone: _____

Emergency Contact #1: _____ Phone: _____

Emergency Contact #2: _____ Phone: _____

Veterinarian Clinic: _____

City: _____ State: _____

Pet Information

Dog's Name: _____ Nickname(s): _____

Breed: _____ Age: _____ Approximate Weight: _____

Color(s)/Markings: _____ Gender: M/F Spayed/Neutered: Y/N

Has your dog ever been to day care, dog parks or playtime while boarding?: Y/N If yes, please explain: _____

Will your dog require medications while at day care?: Y/N If yes, please type and dosage: _____

Will your dog require meals while at day care?: Y/N If yes, please provide food and instructions: _____

Did you obtain your dog from a: Breeder Shelter Rescue Other: _____

When did you acquire your dog?: _____

Are you the only owner of your dog?: Y/N If no, what do you know about your dog's previous life before adopting them? _____

Are there other animals in your household? If so, please list type, age and gender: _____

How does your dog interact with other dogs outside the home? _____

How does your dog interact with strangers coming into your home? Outside your home? _____

Does your dog bark or growl at people passing your home or yard? If yes, please explain: _____

Are there any kinds of people or triggers your dog automatically fears or dislikes? _____

Has your dog ever bitten a person or other animal? Y/N If yes, please explain: _____

Has your dog ever growled or snapped at a person or other animal who has ever taken his/her food, treats or toys away? Y/N If yes, please explain situation: _____

Does your dog chase any of the following?: Y/N Birds Squirrels Cats Cars People Other
If yes, please explain behavior: _____

Does your dog have any problems in the following areas (Please Circle): Y/N
Mouthiness Housetraining Jumping Digging Barking Other: _____
If yes, please explain: _____

Does your dog suffer from separation anxiety?: Y/N If yes, please explain signals:

Has your dog had any formal obedience training?: Y/N If yes, what level and where:

What commands does your dog know? _____

Does your dog play games or with toys?: Y/N If yes, what kind of games/toys does your dog like?: _____

How does your dog indicate they need to urinate/defecate?: Special words/commands?

Does your dog have any known medical issues?: Y/N If yes, please explain: _____

May we provide treats to your dog?: Y/N _____

How did you hear about us?: _____

Is there any other information about your dog that may be helpful? We appreciate any detail, no matter how minor, to better get acquainted with your dog and make them more comfortable while away from home.

I understand that The Doggie Depot of Virginia, LLC ("Doggie Depot") may choose to deny this application for enrollment for any or no reason in its sole and absolute discretion. I understand that if the Doggie Depot allows my dog(s) to participate in Day Care that it will be subject to the terms and conditions of the Doggie Depot's General Information and Policies and the Owner Agreement, both of which I have been given the opportunity to review. I hereby certify that all of the information above is correct.

Owner Signature: _____ Date: _____

Office Use Only:

Received By: _____ Evaluation Date: _____