

## **Pup Playhouse Intake Form**

These forms must be completed and submitted before initial screening to help us determine if your pup will be a good fit in our pack.

Dog Information:		
Dog's Name:	Breed:	
Colours:	Weight City License #:	
Birthdate (year):		
Sex: Male [ ] Female [ ]	Microchip #:	
Spayed[] Neutered[]	Tattoo:	
Owner Information:		
Owner Name(s):		
Address:		
City:		
Postal Code:	-	
Home Phone:		
Work Phone:	-	
Cell Phone:		
Email:	-	
Authorised Persons:		
•	e your permission to pick up your dog from Salem Pup Playhouse. You understand that persons or individuals that Salem Pup Playhouse is no longer responsible for the well-	
Authorised Individuals:	Name:	
Name:	Name:	

Emergency Information:	
Emergency Contact Name:	
Phone	
Veterinary Information	
Clinic	
Address	
Phone	
Vaccinations	
All dogs Salem Pup Playhouse must have vaccinations including Bordetella, Rabies,	vaccinations up to date. Owners must submit proof of Distemper and Parvo.
Flea and Tick Prevention	
Lyme Disease can be detrimental to your p	evention. Our area has a high tick population and the results of pets health. Your pups are a part of our family and will be in and out prevents transfer of fleas among our boarders and daycare crew
Care	
Will your Pup be fed at daycare?	
Yes[] No[]	
If yes, please specify the time and amount	of food per meal
You are responsible for supplying your d	og's meals
If we have to provide food it will come at	the additional fee of \$5.00 per meal.
Medications:	
Allergies:	
Physical limitations or health problems:	
*Please note, if your dog has been ill with a commo	unicable or potentially communicable disease within the past 30 days a health

\*Please note, if your dog has been ill with a communicable or potentially communicable disease within the past 30 days a health clearance signed by a licensed veterinarian must be received before your dog can attend daycare.

Please do not bring ill (vomiting, diarrhea, eye/ear infections) or injured (sore, limping etc.) dogs to daycare.

## **Pet Behaviour Profile:**

1.	How long have you owned your dog?		
2.	Has your dog been to a daycare before? Yes [ ] N	No [ ]	
3.	3. Is your dog comfortable with strangers? Yes [ ] No [ ]		
4.	. Does your dog get along well with larger dogs? Yes [ ] No [ ]		
5.	Does your dog get along well with smaller dogs?	Yes[] No[]	
6.	Does your dog get along well with puppies? Yes	[] No[]	
If you a	answered 'no' to any of the last four (4) questions p	lease describe:	
ls your	dog sensitive to touch on any part of their body?	<del></del>	
Has yo	our dog had any formal obedience training? : Yes [ ]	No[]	
If yes,	what type, where and when?		
lf your	dog has any special commands you would like use	ed, write below	
Has vo	our dog ever? (If yes, please describe)		
	ed at someone:		
Bitten	or snapped at a person:		
Reacte	ed negatively when food or toys are taken:		
Been i	n a fight with another dog:		
Doesy	our dog have any problems in the following areas?	Check all that apply.	
Mouth	ing on hands or clothing [ ]	Coprophagia (feces eating) [ ]	
House	training[ ]	Destructive chewing [ ]	
Excess	sive Barking[]	Separation Anxiety [ ]	
Fence	Jumping[ ]	Jumping Up [ ]	
Diggin	g[]		