



Classy Canine Daycare Boarding, Grooming, and Spa

17390 Preston Rd Ste 390 Dallas, TX 75252
Phone: (972) 931-3000 Fax: (972) 931-3002

Application for Classy Canine Daycare

NAME: _____ DATE _____
ADDRESS _____ CITY _____ STATE _____ ZIP _____
HOME PHONE _____ CELL PHONE _____ ALT PHONE _____
EMAIL _____
VET CLINIC _____ VET PHONE _____
EMERGENCY CONTACT _____ PHONE _____
AUTHORIZED TO PICK UP _____ PHONE _____

Dog's Information:

DOG'S NAME(S) _____ BREED(S) _____
COLOR(S) _____ WEIGHT(S) _____ lbs Check those that apply below:
APPROXIMATE DOB/AGE(S) _____ SEX: MALE ___ NEUTURED ___ / FEMALE ___ SPAYED ___

Has our dog ever been in a daycare/boarding facility? YES ___ or NO ___

If yes, please describe experience: _____

Does your dog prefer to play with: Males ___ Females ___ Both ___

Does your dog like to be around other people and/or strangers? Briefly describe: _____

Does your dog like to be around/ play off-leash with other dogs? Briefly describe: _____

Is your dog possessive of any toys, foods, or objects? If yes, please explain: _____

Has your dog ever shared his/her food or toys with other animals? YES ___ NO ___

CCD Application Cont...

Has your dog ever growled or snapped at anyone? YES ___ or NO ___

If yes, please explain: _____

Has your dog ever bitten an animal or human? YES ___ or NO ___

If yes, what were the circumstances? _____

Please check all that apply: Playful ___ Shy ___ Non-Active ___ Aggressive/may bite ___

Please explain if your dog experiences separation anxiety, fears thunderstorms, or any other fears: _____

Does your dog have any sensitivity/problems in the following areas?

Body ___ Tail ___ Face ___ Ears ___ Paws ___ Hindquarters ___ Nails ___ Brushes ___ Blowdryers ___

If yes to any of the above, please explain: _____

What is your dogs training history? (Please circle)

No Training

Trained Yourself

Puppy Kindergarten

Basic Group Training

Advanced Group Class

Private Training Sessions

Obedience Titles/Awards

Agility

Other

Are there any physical/medical problems or disabilities which may affect them in daycare? YES ___ or NO ___

If yes, please explain: _____

Does your dog have any allergies to food or treats? YES ___ or NO ___

If yes, please verify allergies: _____

How much exercise is your dog presently receiving? _____

What is the main reason you have chosen Doggie Daycare for your dog? _____

Are there any other issues you wish to address, or feel you should inform us of?

1. _____

2. _____

3. _____

How did you hear about us?

Web Search ___ Website ___ Mailer ___ Drove by ___ Referral ___ (Who Referred you? _____)