

**THE DOG CLUB OF FORT COLLINS**  
Daycare Information Sheet

Date: \_\_\_\_\_

Owner's Name: \_\_\_\_\_

Street: \_\_\_\_\_ City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Email Address (for newsletter) \_\_\_\_\_

Telephone: Home: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

How did you hear about The Dog Club?  Friend  Dex  Yellow Book  Newspaper  
 Vet  Event Booth  Other (describe) \_\_\_\_\_

Emergency Contact: Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Veterinarian Name & Phone Number: \_\_\_\_\_

Dog's Name: \_\_\_\_\_ Breed: \_\_\_\_\_

Dog's Age: \_\_\_\_\_ Dog's Birthday: \_\_\_\_\_ Sex: \_\_\_\_\_

Is your dog spayed or neutered? \_\_\_\_\_

Medical Conditions: \_\_\_\_\_

Medications: \_\_\_\_\_

If we are to administer medications, please bring them in a sealed container, clearly marked with your dog's name, dosage and time to be administered.

Is your dog fearful? Y/N Is your dog fearful of dogs: \_\_\_\_\_; men \_\_\_\_\_; women \_\_\_\_\_; children \_\_\_\_\_; other \_\_\_\_\_?  
Please describe the circumstances surrounding the fearful behavior: \_\_\_\_\_  
\_\_\_\_\_

Is your dog aggressive? Y/N Is your dog aggressive towards dogs \_\_\_\_\_; men \_\_\_\_\_; women \_\_\_\_\_;  
children \_\_\_\_\_; food \_\_\_\_\_; other \_\_\_\_\_ (please describe) \_\_\_\_\_?

Please describe the circumstances surrounding the aggressive behavior: \_\_\_\_\_  
\_\_\_\_\_

Does your dog let you?? (Y/N) clip his nails \_\_\_\_\_; brush him \_\_\_\_\_; put your hand in his food bowl \_\_\_\_\_;  
take away his toys/bones \_\_\_\_\_.

My dog growls when \_\_\_\_\_

My dog bites when \_\_\_\_\_

Is your dog allowed the following (Y/N)? tennis balls \_\_\_\_\_; tug robes \_\_\_\_\_; nylabones \_\_\_\_\_  
other restrictions \_\_\_\_\_?

Does your dog jump fences or other enclosures? \_\_\_\_\_

Additional things we should know? \_\_\_\_\_  
\_\_\_\_\_