

# Firehall 4 Daycare Application

815 Hawthorne Ave ~ Athens, GA 30606 ~ Ph: 706-583-9191 ~ Fax: 706-583-9181

Name: \_\_\_\_\_ E-Mail: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

## LOCAL EMERGENCY CONTACT WHILE YOU ARE AWAY

Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Is authorized to make decisions on my behalf in case of emergency if I cannot be reached. Initial \_\_\_\_\_

## Pet Information ~ ~ ~ ~ ~

Name: \_\_\_\_\_ Breed: \_\_\_\_\_  
Species: Dog Cat Age \_\_\_\_\_ Sex: M / F Spayed/Neutered: Yes / No  
Color: \_\_\_\_\_  
Any medications, treatments, allergies or other health issues? \_\_\_\_\_

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Where did you obtain your dog? \_\_\_\_\_

Is your dog: **(PLEASE CIRCLE)**

|                                   |            |              |
|-----------------------------------|------------|--------------|
| Allowed to run free in your home: | supervised | unsupervised |
| Allowed to run in a fenced yard:  | supervised | unsupervised |
| Leash walked only:                | YES        | NO           |

Has your pet suffered from any illness in the last 30 days? \_\_Yes \_\_No  
If yes, please explain: \_\_\_\_\_

Do you consider your dog a social dog? \_\_\_Yes \_\_\_No

Is your dog possessive of any toys, foods or objects: \_\_\_Yes \_\_\_No

Is yes, explain: \_\_\_\_\_

Has your dog ever bitten a person or dog? \_\_\_Yes \_\_\_No

If yes, explain situation: \_\_\_\_\_

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Is your dog sensitive about any parts of its body? \_\_\_Yes \_\_\_No

**Note: If your dog bites another dog or person at Firehall 4 Animal Hospital you will be considered liable.**

Does your dog play off leash with other dogs? \_\_\_Yes \_\_\_No

What is your dog's training history? \_\_\_\_\_

Is your dog escape oriented? \_\_\_Yes \_\_\_No

Does s/he chew, dig, climb or jump? \_\_\_Yes \_\_\_No

Has your dog ever boarded at a kennel before? \_\_\_Yes \_\_\_No

If so, were there any problems? \_\_\_\_\_

Does your dog suffer from separation anxiety? \_\_\_Yes \_\_\_No

How did you hear about us? \_\_\_\_\_

**CURRENT SHOT RECORDS ARE REQUIRED! NO EXCEPTIONS!!**

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