



## Boarding and Daycare Application

DATE OF APPLICATION: \_\_\_\_\_

DATES OF BOARDING: \_\_\_\_\_

### GUARDIAN INFORMATION

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Home phone: \_\_\_\_\_ Cell / Work phone: \_\_\_\_\_

### LOCAL EMERGENCY CONTACT

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Home phone: \_\_\_\_\_ Work phone: \_\_\_\_\_

### PET INFORMATION

Name: \_\_\_\_\_ Breed: \_\_\_\_\_ Sex: \_\_\_\_\_

Age (DOB): \_\_\_\_\_ Weight: \_\_\_\_\_ Color: \_\_\_\_\_

Feeding Requirements: 1X/ Day 2X/Day 3X/Day

Quantity of Food each feeding: \_\_\_\_\_

\*Medication Requirements: \_\_\_\_\_

### VETERINARIAN

Name and Clinic: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

\* (Medication Release Required for Coddled Critters Personnel to administer medication.)



## Enrollment Form

### GENERAL INFORMATION

How did you hear about Coddled Critters? \_\_\_\_\_

Is your dog spayed / neutered? **(REQUIRED)** \_\_\_\_\_

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

If adopted, do you have any knowledge of your dogs past history? \_\_\_\_\_

Does your dog like children? YES NO

How does your dog behave around children? \_\_\_\_\_

Are there other animals in your household? YES NO

If yes, Please list the type, sex and age of each: \_\_\_\_\_

How does your dog get along with other resident animals? \_\_\_\_\_

Does your dog prefer males or females to socialize with? (Human or Dog) \_\_\_\_\_

### HEALTH / GROOMING

Does your dog have hip dysplasia? YES NO

If yes, what restrictions need to be placed on your dog's activities or movements?

Does your dog have any allergies or special needs? \_\_\_\_\_

Has your dog been out of the state in the past 2 weeks? YES NO

If yes, where? \_\_\_\_\_

Dates traveled? \_\_\_\_\_

Has your dog been diagnosed with Canine Influenza in the past 2 months? YES NO

Has your dog been coughing and/or gagging today or this week? YES NO

When / where was the last time your dog was around other dogs? \_\_\_\_\_

Does your dog like to be brushed? YES NO

Does your dog have any sensitive areas on his/her body? \_\_\_\_\_

Where are your dog's favorite petting spots? \_\_\_\_\_

### BEHAVIOR

Does your dog act afraid of any specific items or noises? If so, please explain: \_\_\_\_\_

How does your dog react to strangers coming into your home or yard? \_\_\_\_\_

Are there any kinds of people your dog automatically fears or dislikes? \_\_\_\_\_



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Are there any kinds of dogs your dog automatically fears or dislikes? \_\_\_\_\_

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How does your dog react to puppies? \_\_\_\_\_

When you are not at home; is your dog crated? Left in yard? Left in the Home? Other:

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Has your dog ever:

Growled at someone? YES NO

Describe the circumstances: \_\_\_\_\_

Bitten someone? YES NO

Describe the circumstances: \_\_\_\_\_

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Does your dog have any PROBLEMS in any of the following areas: (if so, please explain)

Houstraining: \_\_\_\_\_

Barking: \_\_\_\_\_

Digging: \_\_\_\_\_

Jumping: \_\_\_\_\_

Has your dog ever growled or snapped at anyone who has taken his/her food or toys away from him/her?

YES NO

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

What kind of toys does your dog like and what games does he/she play? \_\_\_\_\_

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Does your dog play with other dogs? \_\_\_\_\_

Do you take your dog places where it can meet other dogs off leash? YES NO

Has your dog ever had any formal obedience training? YES NO

If yes, when and where? \_\_\_\_\_

Does your dog know a quiet command? \_\_\_\_\_

Does your dog know any play commands? \_\_\_\_\_

Other commands about your dog, which may be helpful: IE: 'Kennel up', 'go potty', etc.

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## Health and Temperament Certification

I, \_\_\_\_\_, hereby certify that my dog(s): \_\_\_\_\_  
\_\_\_\_\_ are in good health and have not been ill

with any communicable condition in the last 30 days.

I further certify that my dog(s) have not harmed or shown aggressive or threatening behavior towards any person or any other dog.

### **Medical Information:**

\*Bordatella expiration: \_\_\_\_\_

DHLPP expiration: \_\_\_\_\_

Rabies expiration: \_\_\_\_\_

Last fecal exam / De-worming: \_\_\_\_\_

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

Signature of Guardian: \_\_\_\_\_

\* Bordatella required every six months (All Vaccinations required before interview)



## Owner Agreement

I understand that I am solely responsible for any harm caused by my dog(s) while dog(s) is/are attending Coddled Critters, LLC. I further understand and agree that in admitting my dog(s) to Coddled Critters, Coddled Critters representatives have relied on my representation that my dog(s) is/are in good health and have not harmed or shown aggressive or threatening behavior towards any person or any other dog. I further understand and agree that Coddled Critters, LLC and all of its representatives and volunteers, will not be liable for any problems which develop, provided reasonable care and precautions are followed, I hereby release them of any liability of any kind whatsoever arising from my dog(s) attendance and participation at Coddled Critters. I further understand and agree that any problems which develop with my dog(s) will be treated as deemed best by staff and volunteers of Coddled Critters at their sole discretion, and that I assume full financial responsibility for any and all expenses involved. I certify that I have read and understand the policies of Coddled Critters, LLC as set forth on the preceding pages and that I have read and understand the conditions, and statements of this agreement.

Dated: \_\_\_\_\_

Signature of Guardian: \_\_\_\_\_

Name(s) of dog(s): \_\_\_\_\_

\_\_\_\_\_



## Medication Release

I do not hold Coddled Critters or any representatives of Coddled Critters responsible regarding the administering of medication, (of any kind) to my dog while visiting Coddled Critters. I understand that the representatives of Coddled Critters will do their very best to follow the prescribed dosages of medication in a timely manner, however, if there are any consequences associated with the medication or illness, Coddled Critters will not be held responsible.

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

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

Name/Breed of Dog Receiving Medication: \_\_\_\_\_

Medication Name: \_\_\_\_\_

\*Any Side Effects of Medication: \_\_\_\_\_

Condition Being Treated: \_\_\_\_\_

Dosage: \_\_\_\_\_

Special Instructions for Administering Medication: \_\_\_\_\_

- Examples: nausea, vomiting, drowsiness, hyper-activity, decreased appetite, etc