



Small Dog General Information

(All * fields are mandatory all other fields are optional. Please fill in all applicable fields to the best of your knowledge to better help us care for your small dog)

*Name:

Breed:

Date of Birth:

*Primary Color:

Secondary Color:

*City License #: _____

(All small dogs must have a city license present for walks)

Microchip/Tattoo #:

How long has your small dog been part of your family?

Where did you adopt your small dog?

Groomer:

Has your small dog been to daycare before? YES NO Please list:

*Does your small dog eat lunch? YES NO

*Does your small dog have any dietary restrictions? YES NO Please list:

(Please note: if your small dog has dietary restrictions please provide alternative treats for your small dog)

Small Dog Medical Information:

*Vet Clinic:

Phone:

Veterinarian:

*My small dog has been vaccinated by a registered veterinarian for the following required vaccines:

Rabies (or proof of titre)

DA2PP (equivalent or proof of titre)

Bordetella (canine cough, if your small dog is receiving this vaccine for the first time please allow seven days for vaccine to take full effect)

*My small dog has been treated with Veterinary grade internal/external parasite prevention.

(List product/brand)

*Please attach a copy of vaccination records and proof of parasite treatment from Veterinary Clinic. Vaccinations and treatments must be up-to-date to attend daycare. (All small dogs must be at least 14 weeks of age and be two weeks post second vaccination)

*Spayed/Neutered: YES NO FEMALE MALE (All small dogs must be altered after the age of 6 months)

*Medical Conditions:

*Allergies: YES NO Please List: (food or environmental)

*Physical Limitations: YES NO Please List: (arthritis, hearing disabled, visual impaired)

*In the event of an emergency, Fluffy and Spike's Small Dog Daycare Inc. has permission to transport my small dog(s) to the selected emergency clinic below. Payment arrangements are to be made between the owner and the veterinarian. Fluffy and Spike's Small Dog Daycare Inc. has signing authority for emergency treatments or procedures in the event that critical care is required.

YES NO

Calgary North Veterinary Hospital

McKnight 24 Hour Veterinary Hospital

Does your small dog have Pet Insurance? YES NO

If so please provide Company and Policy Number:

Small Dog Personality Information:

Does your small dog like to be picked up? YES NO

Does your small dog do well in new situations? YES NO

Does your small dog do well with new people? YES NO

Does your small dog enjoy other dogs? YES NO

Is your small dog fearful of anything? YES NO Please list:

Is there anywhere your small dog does not like to be touched? YES NO Please list:

Where does your small dog enjoy be petted?

Is your small dog vocal? YES NO While playing? YES NO While upset? YES NO

What commands does your small dog know? Please list:

Does your small dog have any behavioral concerns? YES NO Please list:

Please check all boxes which apply to your small dog's personality:

Loves to play tug-o-war

Loves belly rubs and petting

Loves to chase

Loves all dogs

Loves to be chased

Loves rowdy dogs

Loves to play fetch

Loves calm dogs

Loves to wrestle

Loves to eat

Loves to snuggle

Loves walks

Loves to nap

Loves to chew

Loves to swim

Loves people

Loves to jump

Loves to give kisses

Loves _____

If there is any other information that you feel will help us care for your small dog please list:
