

DAY CAMP APPLICATION

OWNER INFORMATION	
Primary owner	Phone#
Additional owner	Phone#
Address (including city/province)	Postal Code
Email address	

EMERGENCY CONTACT	
Name	Phone#
Name	Phone#

DOG INFORMATION	
Name	Breed
Birthday	Gender (M/F)
Colour	Weight
License#	Tattoo
Microchip#	Spayed/neutered?
Who is authorized to pick up?	
What are your dog's favourite activities?	

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MEDICAL HISTORY	
Veterinary clinic	Phone#
Allergy	
Any known medical concerns	
*Please bring a copy of the vaccination record to the assessment appointment. Distemper, parvovirus and rabies vaccines are required. Bordetella vaccine is recommended but not mandatory.	

BEHAVIOURAL HISTORY		
Has your dog been to a doggie daycare before?	Yes	No
Has your dog been to an off-leash dog park before?	Yes	No
Has your dog ever been removed from a dog daycare before? What happened?		
How does your dog react to strangers?		
Does your dog have any fear or aggression toward certain breeds/sizes of dogs?	Yes	No
Is your dog fearful of certain people, gender, clothing, etc.?	Yes	No
Has your dog ever snapped, growled, or bitten another animal or person?	Yes	No
Is your dog reactive on a leash?	Yes	No
Does your dog exhibit any resource guarding behaviour?	Yes	No

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Anything else you would like us to know about your dog?

CONSENT

How did you hear about us?

Name of the person who referred you (if applicable):

Would you like to receive email updates from The Dog Circle?

Yes

No

SIGNATURE:

DATE:

FOR STAFF ONLY:

Vaccinations

Assessment

System