



Rae-Zor
100 Animal Avenue Sanford, NC 27330
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Daycare Application

Please take a few moments to provide us with the following information for the health, happiness and safety of your dog. (You must show proof of current vaccinations, including Bordetella, before your dog can play at Rae-Zor Daycare.) Thank you!

Emergency Contact Name (We attempt to contact you first) _____

Emergency Contact Phone _____ Relationship _____

Owners Name _____

Address _____ City _____ State ____ Zip Code _____

Phone: Day _____ Cell _____ E-mail _____

Pet Name _____ Breed _____

Birth Date _____ Male ____ Neutered: Y N Female ____ Spayed: Y N

Veterinarian Name _____

Hospital/ Clinic Name _____ Phone: _____

Medical Information

Please check if your dog has the following vaccinations:

Rabies ____ DHLPP ____ Bordetella (Kennel Cough) ____

Is your dog currently on a flea program? No ____ Yes ____ please describe _____

Does your dog have allergies? No ____ Yes ____ please explain _____

Is your dog currently taking any medications? No ____ Yes ____ please explain _____

Does your dog have any special dietary requirement? No ____ Yes ____ please explain _____

Has your dog had any illness in the past 30 days? No ____ Yes ____ please explain _____

Please provide any additional information you think would be helpful: _____

Please provide records from your veterinarian confirming the following:

Vaccinations, spay/neuter, flea control, that your dog is free from any communicable diseases and information on any other medications/ medical conditions.

Behavioral Information

Has your dog had basic obedience training? No___ Yes___

Is your dog house trained? No___ Yes___

Is your dog crate trained? No___ Yes___

Please check the following commands your dog understands:

Sit ___ Stay ___ Come ___ Down ___ Off ___ Leave it ___ No___ Other, please specify _____

Please best describe your dog's best temperament (check all that apply)

Laid Back ___ Playful ___ Excitable ___ Shy ___ Dominant ___ Aggressive ___ Other _____

Does your dog have any fears or phobias? (thunder, noises, people) No ___ Yes ___ please explain ___

Has your dog ever bitten another dog? No ___ Yes ___ please describe _____

Has your dog ever bitten another person? No ___ Yes ___ please describe _____

Does your dog get along with other dogs? No ___ Yes ___

What are your dog's favorite activities? _____

Has your dog ever had a bad incident (attack, aggression) with another dog? Please explain: _____

How does your dog react to new people and situations? _____

How many days per week are you interested in bringing your dog to daycare?

1 Day ___ 2 Days ___ 3 Days ___ 4 Days ___ 5 Days ___ Other _____

How did you hear about our daycare program? _____