

CHEW CHEW DOGGIE DAYCARE, Inc.

210 West Irving Park Road Itasca, Il 60143

(p) 630-773-4300

OWNER INFORMATION/APPLICATION

First Name: _____ Last Name: _____

First Name: _____ Last Name: _____

Address: _____ Unit #: _____

City/State/Zip: _____

Home Phone: _____ Work Phone: _____

Cell Phone: _____ Email: _____

Preferred Method of Communication: Home Phone Cell Phone Wk Phone Email

Credit Card: Discover Visa Master Card American Express

* This information will be held in the strictest confidence used only with your approval to pay for products and or services at Chew Chew Doggie Daycare, Inc.

Card Number: _____ Expires: (mm/yyyy) _____

Billing Address: (if different than above): _____

Authorization Signature: _____

Emergency Contact:

Name: _____ **Relationship:** _____

Phone Numbers: _____

I understand before my dog(s) can participate in daycare or playground at Chew Chew Doggie Daycare, Inc., the following requirements must be met:

- My dog(s) must pass a **temperament test** to ensure s/he is not aggressive towards people or other dogs
- My dog(s) complete **veterinary inoculation records** must be furnished: including rabies, distemper, bordetella, and heartworm.
- My dog(s) must be **spayed or neutered** unless younger than 7 months of age
- My dog(s) must wear a **collar or harness with ID** securely attached at all times while at Chew Chew Doggie Daycare, Inc.

I have read and understand the owner information and requirements:

Signature: _____ **Date:** _____

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DOG INFORMATION

Name: _____ Gender: Female Male

Breed: _____ Color/Markings: _____

Weight: _____ Birthday/Adoption Date: _____/_____/_____

Spayed/Neutered? Yes No If no, surgery is scheduled for: _____

My Dog's Brother or Sister (if applicable):

Name: _____ Gender: Female Male

Breed: _____ Color/Markings: _____

Weight: _____ Birthday/Adoption Date: _____/_____/_____

Spayed/Neutered? Yes No If no, surgery is scheduled for: _____

Veterinary Information:

Primary Clinic: _____ Doctor: _____

Address: _____ City/State/Zip: _____

Other important information:

My dog(s) has a pre-existing physical/medical condition (i.e. injuries, scars, sensitive stomach): Yes No (If yes, please explain) _____

My dog is on medication: Yes No

Name: _____ Condition/Reason: _____

Dosage (amount and frequency): _____

Special Notes/Instructions: _____

My dog(s) attended obedience training: Yes No if yes, where? _____

Other People Authorized To Pick Up My Dog(s):

Name: _____ Phone: _____ Relationship: _____

Name: _____ Phone: _____ Relationship: _____

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TEMPERAMENT INFORMATION

Name of Dog: _____ Last Name: _____ Age: _____
Breed(s): _____

Please circle YES or NO after the following questions.

	Circle YES or NO	
Has your dog ever shown aggression towards adults or children?	Y	N
Has your dog ever harmed any adults or children in any way?	Y	N
Has your dog ever bitten a person or animal and broken the skin?	Y	N
Has your dog ever bitten a human & left a bruise or mark?	Y	N
Has your dog ever shown aggression towards large dogs?	Y	N
Has your dog ever shown aggression towards small dogs?	Y	N
Has your dog harmed another dog in any way?	Y	N
Is your dog food possessive?	Y	N
Is your dog toy possessive?	Y	N
Does your dog exhibit signs of "separation anxiety?"	Y	N
Does your dog bark excessively?	Y	N
Does your dog bark excessively at strangers?	Y	N
Does your dog lunge and bark while on a leash?	Y	N
Is your dog on any medications for behavior issues?	Y	N
Is your dog destructive to furniture?	Y	N
Is your dog shy?	Y	N
Is your dog crate trained?	Y	N
Has your dog shown signs of "marking territory?"	Y	N
Is your dog known to jump fences? Height? ____	Y	N
Does your dog have any known fears or other anxieties?	Y	N
Does your dog have a habit of eating inappropriate items?	Y	N
Has your dog participated in an obedience class?	Y	N

Please indicate any issues that have arisen or anything else you feel we need to know about your dog in a pack setting or clarification to the above answers:

Are there any other issues with regard to temperament or behavior that you would like us to know about or would like to discuss with us? You may use the back of this form for additional information.

I certify that all of the above answers are true to the best of my knowledge with regards to the above named dog.

Pet Owner Signature: _____ Date: _____

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HEALTH AND TEMPERAMENT CERTIFICATION & AGREEMENT

I, _____, hereby certify that my dog(s) _____ is/are in good health and have not been ill with a communicable condition within the last 30 days.

I agree to notify Chew Chew Doggie Daycare, Inc. if my dog(s) has/have a communicable condition and will not bring him/her to the facility if I am aware of symptoms.

I understand that my dog must be current on all required vaccinations prior to attending Chew Chew Doggie Daycare, Inc. and their staff will not be liable for any problems that develop provided that reasonable care and precautions are followed and I hereby release them of any liability of any kind arising from my dog(s) attendance at the facility.

In case of an emergency, I authorize Chew Chew Doggie Daycare, Inc. to act on my behalf to provide necessary veterinary care and I assume full financial responsibility for any and all expenses incurred.

Chew Chew Doggie Daycare, Inc. reserves the right to refuse or terminate admittance of my dog(s) at any time if problems arise from the dog(s) attendance.

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

I certify that I have read and understand the rules and regulations set forth in the agreement. I agree to abide by these rules and regulations and accept all the terms, conditions and statements of this agreement. I also certify that the information given on the application is correct and true to the best of my knowledge.

Pet Owner Signature: _____ Date: _____