



MONADNOCK HUMANE SOCIETY

Boarding and Daycare Retreat

101 West Swanzey Road
Swanzey, NH 03446

603-352-9011 x 105

**BOARDING & DAYCARE RETREAT
ENROLLMENT APPLICATION**

OWNER INFORMATION

Name: _____ Date: _____
 Address: _____
 City/State/Zip _____
 Home Phone: _____ Work Phone: _____
 Mobile Phone: _____ Other: _____
 Email: _____

Spouse: _____
 Work Phone: _____ Mobile Phone: _____
 Email: _____

EMERGENCY CONTACT & RELEASE

(In case of emergency, additional person(s) that your dog can be released to with proper ID and your consent)

Primary Emergency Contact: _____
 Relationship: _____
 Telephone: _____

Secondary Emergency Contact: _____
 Relationship: _____
 Telephone: _____

YOUR VETERINARIAN

Clinic Name: _____
 Veterinarian: _____
 Address: _____
 City/State/Zip: _____
 Telephone: _____

Name pet's records are under: _____

PET INFORMATION

Pet's Name: _____ Breed / Mix: _____
How long owned: _____ Where obtained: _____
Date of Birth (if known): _____ Age: _____ Weight: _____
_____ Obtained by: _____
Gender: M F Spayed/Neutered*: Y N Microchip: # _____

Description (color and markings): _____

**dogs over 7 months of age must be spayed/neutered to participate in daycare*

HEALTH & VACCINATIONS

All dogs MUST be in good health and free from any communicable conditions

Please list the dates of the following vaccinations:

Rabies: _____ Next Due: _____
Distemper/Parvo: _____ Next Due: _____
Bordetella: _____ Next Due: _____

Proof of the above vaccinations are REQUIRED from your Veterinarian to participate in daycare

Flea & Tick Preventative: _____ Next Due: _____

All dogs MUST be free of fleas and on current flea preventative to participate in daycare

What brand of food does your dog eat? _____

Do you want your dog to be fed while at daycare? Y N

Feeding instructions (include amount & how often): _____
_____ Cup(s) Dry Canned
 AM Noon PM

Additional feeding instructions: _____

What medication(s) is your dog currently taking? _____

Will s/he require medication during their stay? Y N; if **yes**, please describe below:

List any allergies or special dietary needs: _____

Describe any physical problems your dog has, such as deafness, blindness, epilepsy, arthritis, hip or other joint problems:

What sensitive areas on your dog's body does s/he **NOT** like touched?

What does our dog do when you attempt to touch those areas?

Does your dog need to be muzzled at the veterinarian? Y N; if yes, please explain:

What does your dog do when you:

Bath/Brush him/her:

- Enjoys Scared Tolerates
- Growls Snaps Bites
- Never had a bath

Notes: _____

Clip his/her nails:

- Enjoys Scared Tolerates
- Growls Snaps Bites
- Never trimmed nails

Notes: _____

Clean his/her ears:

- Enjoys Scared Tolerates
- Growls Snaps Bites
- Never cleaned ears

Notes: _____

Wipe his/her feet:

- Enjoys Scared Tolerates
- Growls Snaps Bites
- Never wiped feet

Notes: _____

Administer eye medication:

- Enjoys Scared Tolerates
- Growls Snaps Bites
- Never administered eye meds

Notes: _____

BEHAVIOR & TRAINING

What are your dog's bad habits? _____

How often does your dog have accidents in the house? Never Daily Only when left too long
 Other, please describe: _____

How many hours can s/he hold it? _____

List additional pets in your home:

Species (dog, cat, bird, etc.)	Pet's Name	Gender & if spayed or neutered	Age

How does your dog get along with other resident animals? _____

Has your dog attended 'doggie' daycare or playgroups before? Y N

If yes, why are you not returning? _____

How did s/he behave? _____

How does your dog get along with other dogs? _____

Describe your dog's play style with other dogs?

- rough and tumble
- loves to play, is gentle
- takes time to get to know, warms up eventually
- other/explain: _____

How often does your dog socialize with other dogs? _____

What is your dog's training history? None Trained yourself Agility Private training
 Group class - basic Group class - advanced Other: _____

List any fears or apprehensions your dog may have and describe his/her reaction to each – for example, thunder, fire works, big dogs, etc.:

Fear / Apprehension	Dog's Reaction

Does your dog do any of the following:

- eats foreign objects or feces jumps or climbs fences runs away if off leash
- other, please describe: _____

Please check all that apply to your dog ~ *please explain regardless of answer*

Yes No Are you able to remove things from your dog's mouth?

Yes No Is your dog food or toy aggressive/possessive?

Yes No Has your dog ever bitten a person?

Yes No Has your dog ever been in a serious dog fight?

Yes No Is your dog aggressive *on leash* (growls, lunges, or snarls)?

Yes No Is your dog aggressive *off leash* (growls, lunges, snarls)?

Yes No Is your dog crate trained?

Yes No Any separation anxiety?

Yes No There are certain dogs (breed, sex, puppy or age) that my dog *does not* get along with

Yes No My dog is friendly when meeting new people

Yes No My dog is friendly when meeting new dogs

Yes No Does your dog like children?

Yes No Has your dog ever escaped from a fenced yard?

What additional comments about your dog you feel may be helpful for your dog to enjoy their daycare experience?

Thank you for choosing the Boarding and Daycare Retreat at the Monadnock Humane Society.

We strive to create a positive, clean, safe and fun experience for every dog participating in boarding, daycare and group play activities.

Best of all, your participation helps the Monadnock Humane Society continue providing high quality of care not only for your own pet but for the animals in the animal care center.