



Dogs at Play™ Application

Date: _____



Owners Name: _____

Address: _____

E-Mail: _____

Home Phone: _____

Work Phone: _____

Emergency Contact Number: _____

Veterinarian and Phone Number: _____

Dogs Name: _____ **Is your dog crate trained?** _____

Dogs Breed (to best of knowledge): _____

Dogs Age: _____

How long have you owned this dog? _____

License Number: _____ **Rabies tag Number:** _____

Does your dog have any medical conditions we should be aware of (ex. Allergies, epilepsy, etc.)? Please explain

Has your dog completed obedience? _____ What level? _____

Is your dog food or toy possessive? Explain _____

Please rate your dogs behavior with the following (1 best- 5 worst), if the rating is high please explain:

Adults familiar _____ unfamiliar _____

Children familiar _____ unfamiliar _____

Dogs familiar _____ unfamiliar _____ Other animals _____

