



Enrollment Application

FOR OFFICE USE ONLY

Enrollment Form _____ **Enrollment Fee** _____ **Shots** _____
Assessment _____ **Computer Entry** _____ **First Day** _____

Pet Information

Name: _____ Breed: _____ Sex: _____
Birthdate: _____ Weight: _____

EMERGENCY CONTACT INFORMATION

Owner Information

Name: _____
Address: _____
E-mail: _____
Home Phone: _____ Work Phone or Cell: _____

Second Emergency Contact

Name: _____
E-mail: _____
Home Phone: _____ Work Phone or Cell: _____

Veterinarian

Name: _____
Address: _____
E-mail: _____
Phone: _____ Fax: _____

Pet Personality Profile

Dog's Name: _____ Owner Name: _____
Spayed/Neutered? _____ At what age? _____
Where did you get your dog (breeder, pound, pet store, etc.)? _____
Does your dog like children? _____ How does your dog behave around children?

Are there other animals in your household? _____ If yes, please list species, sex, and age of each: _____

Behavior

Does your dog appear fearful of any specific items or noises? _____ If so, please list and explain: _____

How does your dog react to strangers in the home? _____

How does your dog react to strangers in the yard? _____

Are there kinds of people your dog automatically fears or shows aggression toward? _____

Are there kinds of dogs your dog automatically fears or shows aggression toward? _____

How does your dog react to puppies? _____

Has your dog ever: Growled at someone? _____ What were the circumstances? _____

Bitten someone? _____ What were the circumstances? _____

Does your dog have any issues with the following, and if so, please explain:

Mouthiness: Y N Explain: _____

Housetraining: Y N Explain: _____

Barking: Y N Explain: _____

Digging: Y N Explain: _____

Jumping: Y N Explain: _____

Humping: Y N Explain: _____

Other: Y N Explain: _____

Has your dog ever growled or snapped at, or bitten another person or animal that tried to take away his/her food? _____

Has your dog ever shared his/her food with another animal? _____

Has your dog ever growled or snapped at, or bitten another person or animal that tried to take away his/her toys? _____

Has your dog ever shared his/her toys with another animal? _____

Does your dog play with toys? _____ List his/her favorite toys and/or games: _____

Has your dog had any formal obedience training? _____ If yes, when and where: _____

What commands does your dog know? _____

Does your dog jump fences? _____

Other comments about your dog that you feel would be helpful: _____

Health and Grooming

Does your dog have a problem with fleas? _____ Last treatment: _____

Does your dog have allergies? _____ If so, please list them: _____

Does your dog have hip dysplasia? _____ If so, please list his/her movement and/or activity restrictions: _____

List any other health conditions your dog has and the treatments you give: _____

Does your dog like to be brushed? _____ How does he/she react to nail clipping? _____

Does your dog have any sensitive areas on his/her body? _____

Where are your dog's favorite petting spots? _____

Where did you learn about POCO's Playhouse? _____

I give permission for my dog's pictures to be used for Playhouse Media:

Yes

No