



**APPLICATION**

**206•938•DOGS**

**Owner Information:**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Email: \_\_\_\_\_

Phone (home): \_\_\_\_\_  
Phone (work/day): \_\_\_\_\_  
Phone (cell): \_\_\_\_\_

**Emergency Contact:**

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

**Regular Vet Hospital:**

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

**Dog Information:**

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Weight: \_\_\_\_\_ Sex: \_\_\_\_\_ Breed: \_\_\_\_\_  
2<sup>nd</sup> Dog: \_\_\_\_\_ Age: \_\_\_\_\_ Weight: \_\_\_\_\_ Sex: \_\_\_\_\_ Breed: \_\_\_\_\_

**Please check appropriate boxes:**

Vaccinations:  Rabies  DHLPP  Bordatella  Coronavirus  
Neutered/Spayed:  Yes  No  
Flea Control Program:  Yes  No

If Yes, please describe: \_\_\_\_\_

Please list any behavior problems: \_\_\_\_\_

Please list your dogs favorite toys/activities: \_\_\_\_\_

Please list any current/recent illnesses, allergies, or current medications (within last 30 days): \_\_\_\_\_

During Daycare & overnight care, dogs may be taken on field trips for walks & to off-leash parks.

Please check:  Yes, I give permission for my dog to be taken on field trips.  
 No, I would prefer my dog remain at WSDH facility at all times  
(with the exception of medical care).

Do you mind if your dog enjoys occasional treats in Daycare? \_\_\_\_\_

How did you discover West Seattle Dog House Daycare, LLC? \_\_\_\_\_

Pet Owner Signature: \_\_\_\_\_ Date: \_\_\_\_\_