



# Enrollment Form

## General Information:

Dog's Name \_\_\_\_\_ Parent's Name (please list all parents) \_\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ St: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Home Phone: \_\_\_\_\_ Work: \_\_\_\_\_  
 Cell #(s): \_\_\_\_\_ Pager \_\_\_\_\_  
 Email Address: \_\_\_\_\_ (by supplying this, you agree to receive periodic email from HPC or your Pet Portals)  
 Breed: \_\_\_\_\_ Birth date: \_\_\_\_\_  
 Male / Female \_\_\_\_\_ Neutered / Spayed \_\_\_\_\_ If not, when? \_\_\_\_\_  
 Food Type: \_\_\_\_\_ Canned? \_\_\_\_\_ Dry? \_\_\_\_\_  
 Vet Clinic: \_\_\_\_\_ Treating Veterinarian: \_\_\_\_\_  
 Emergency Contact Person (other than yourself or spouse): \_\_\_\_\_  
 Relationship: \_\_\_\_\_ Phone #: \_\_\_\_\_  
 Referred How? (referrals=free day for the dog/parent who referred you!) \_\_\_\_\_  
 List any known allergies: \_\_\_\_\_  
 How often do you think you would like to use the Day Care service? \_\_\_\_\_  
 (Minimum one day per week)  
 Has your dog ever been enrolled in day care before?  Yes  No If yes, where? \_\_\_\_\_

## Vaccination/Medical History:

Rabies due: \_\_\_\_\_ DHLPP due: \_\_\_\_\_ Bordatella due: \_\_\_\_\_  
 Yearly Heartworm Test?  Yes  No  
 If yes, what brand of preventative?  Sentinel  Interceptor  Heartgard  Other \_\_\_\_\_  
 Flea and Tick Medication?  Yes  No  
 If yes, what brand of preventative?  Top Spot (ticks & fleas)  Advantage (fleas)  Sentinel (fleas)  
 Flea and Tick Collar  Revolution (fleas)  Other \_\_\_\_\_  
 Describe any medical/health issues we need to be aware of (i.e. seizures, heart/hip problems, etc.): \_\_\_\_\_  
 Anything contagious?  Yes  No If yes, what: \_\_\_\_\_  
 Microchip number \_\_\_\_\_ Brand \_\_\_\_\_

## Dog Profile:

How long has your dog been in your family? \_\_\_\_\_ Where did you get your dog? \_\_\_\_\_  
 If adopted, do you have any knowledge of your dogs past history? \_\_\_\_\_  
 How many people are there in your family?  
 Adult: \_\_\_\_\_ Male: \_\_\_\_\_ Female: \_\_\_\_\_  
 Children: Male: \_\_\_\_\_ Ages: \_\_\_\_\_ Female: \_\_\_\_\_ Ages: \_\_\_\_\_  
 Has your dog had any obedience training?  Yes  No  
 If yes, to what level?  Beginner  Advanced  CGC  TDI  Flyball  Agility  
 Do you use a crate?  Yes  No If yes, are they comfortable in the crate?  Yes  No  
 Is your dog comfortable with having his/her feet touched?  Yes  No  Don't know  
 Is your dog comfortable with having his/her collar used to lead?  Yes  No  Don't know  
 Has your dog ever climbed or jumped a fence?  Yes  No  Don't know  
 Has your dog ever growled or snapped at anyone who's touched his/her bones, food or toys?  
 Yes  No  Don't know  
 Does your dog play with other dogs on a regular basis?  Yes  No If yes, would you say he/she plays nicely?  
 Yes  No Comments: \_\_\_\_\_  
 Does your dog prefer certain sexes of dogs?  Yes  No If yes, which sex? \_\_\_\_\_  
 Does your dog automatically dislike any kind of dog?  Yes  No If yes, what kinds? \_\_\_\_\_  
 How does your dog react to puppies?  Happy to see them  Go away I don't like you  Indifferent to them  
 How does your dog react to strangers?  Happy to see them  Go away I don't like you  Indifferent to them  
 Does your dog automatically dislike any kind of person?  Yes  No If yes, what kinds? \_\_\_\_\_  
 Describe any behavioral problems/idiosyncrasies/special sensitivities we should be aware of: \_\_\_\_\_

**IF ANY OF THE ABOVE INFORMATION CHANGES, PLEASE NOTIFY US IMMEDIATELY!**