



Enrollment Form

399 Gunderson Dr.
Carol Stream, IL 60188
P: 630-690-0281
F: 630-690-0284

Owner's Information

Name: _____
Address: _____
City: _____ State: _____ Zip Code: _____
Home: () _____ Cell: () _____ Work: () _____
Email: _____
Emergency Contact: *(if we cannot reach you)*
Name: _____
Phone: () _____

Pet Information

(All dogs over 6 months old must be spayed/neutered to enroll)

1. Name: _____
Breed: _____
Gender: Female Male
Status: Spayed Neutered Unaltered
Birthdate: _____ Color: _____ Weight: _____

Medical Information

Veterinarian / Hospital Name: _____
Address: _____
City: _____ State: _____ Zip Code: _____
Phone: _____ Fax: _____

1. Is your dog allergic to anything? _____
2. Does your dog have any dietary restrictions? _____
3. Does your dog have any health issues or medical conditions? If so, what? _____

4. Any past surgeries or injuries? _____
5. What type of Flea and Tick preventative is your dog on? _____
Date it was last administered: _____
6. Is your dog on medication? yes no
Are there any side effects we should be aware of? _____

Medication Name	Purpose of Medication	Time Taken	Dosage / Amount Given

7. Are there any sensitive areas on your dogs body? _____
8. Is your dog on a grain or gluten free diet? Yes No
9. When do you feed your dog? _____
10. If we are having trouble getting your dog to eat while boarding, can we use broth to entice them to eat? Yes No
11. Treats: Any are okay Only their own

Pet History

1. Where did you get your dog? _____
2. If your dog is a rescue, do you have any information about the dog's history?

3. Is your dog currently in training now? Yes No
4. Has your dog had training in the past? Yes No
Was the training for basic obedience or something specific? _____
5. Do you know of any behavioral problems your dog has? (i.e. excessive barking, jumping, nipping, etc.) _____
6. What commands does your dog respond to? _____

7. Has your dog ever attended another daycare or boarding facility? Yes No
If yes, why don't they attend anymore?
Moved Dismissed Didn't care for the facility Wanted to try another facility
If your dog was dismissed, what was the reason? _____

8. Does your dog have any experience with other dogs if they've never been to a daycare?

9. What other pets are in your household? _____
Does your dog get along with your other pet(s)? Yes No
10. Has your dog ever experienced anything traumatic? _____

11. Has your dog ever been in a fight with another dog? Yes No
If yes, when? _____ Any Injuries? _____
How did it happen? _____
12. How does your dog react when approached by other dogs? _____

13. How does your dog react to other dogs that are either smaller or bigger than them?

14. Are there any breeds of dogs your dog dislikes? _____
15. How does your dog react to puppies? _____
16. Has your dog ever bitten anyone? Describe Situation. _____

17. Does your dog generally like other people? Yes No
18. Are there any kinds of people (i.e. children, men with beards, etc.) that your dog automatically fears or dislikes? _____
19. How does your dog react to a stranger coming in your house/yard? _____

Pet Temperament

1. Which traits describe your dog? (*circle all that apply*)
- Outgoing Timid Pushy Affectionate Submissive Insecure Excitable Playful
Gentle Quiet Territorial Dominating Loud Anxious Possessive
2. Are there any situations that your dog may become unfriendly or aggressive? (i.e., grabbing collar, hugging, touching certain body parts, etc.) _____
3. If your dog becomes unfriendly he/she gives what warnings? _____

4. Does your dog become nervous or scared by anything specific? _____
5. What calms or soothes your dog if they are nervous? _____
6. Is your dog sensitive to noises? Yes No
7. What is your dog's activity level? Low Medium High
8. What kinds of activity/exercise is your dog used to? _____
9. Does your dog have any activity/exercise restrictions? _____
10. Do they like playing with toys? Yes No

If yes, what do they play with? _____

- 11. Has your dog shared food / toys / water with another dog? Yes No
- 12. Does your dog growl/become possessive of food or toys towards other dogs? Yes No
- 13. Has your dog ever snapped at a person who has taken their food or toys away? Yes No
- 14. Does your dog like to be bathed? Yes No Neutral
- 15. Does your dog like to be brushed? Yes No Neutral
- 16. How does your dog react to having their nails clipped?
Neutral Scared Pulls away Bites Other: _____
- 17. What is your dog's reaction to riding in a car? Enjoys it Dislikes it Neutral
- 18. Does your dog need to be crated for car rides? Yes No
- 19. Is your dog crated when you are not home? Yes No
- 20. Has your dog ever tried to jump a fence? Yes No
- 21. Is there any other information about your dog's temperament or any other social issues we should be made aware of? _____

If you are not picking up your dog and you are worried about someone that is not approved by you doing so, please select a code word for the approved person(s) to provide to staff at pickup. _____

We will not release your dog to anyone that does not know your code word!

How did you hear about Camp Ruff It? _____

The undersigned guardian hereby warrants and represents that the information provided on this form is true and correct and that no information has been omitted that may change Camp Ruff It's decision to accept my dog for daycare and boarding. My dog has not been exposed to rabies, canine cough or other communicable diseases within a 30 day period prior to boarding for daycare and all vaccinations are current and will be maintained as outlined in the terms and conditions.

Guardian Signature(s) _____

Date _____

