## **Hotel For Dogs**

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## **Application**

## **General Information:**

Owner's Name		Email		
Address		City	State	Zip
Home Phone	Work Phone		Cell Phone	
Dog's Name	Dog's Bre	ed		Gender M / F
Dog's Birthday		Spayed /	Neutered at what ag	e?
How long have you owne	ed your dog?			
Where did you get your	g?			
If adopted, what knowle	dge do you have of your d	og's past hist	ory	
How did you hear about	Hotel for Dogs Daycare?_			
Are there any other anim	nals in your household?			
Has your household situa	ation changed in over the	past year? Y/	N	
If yes, please describe				
Behavior:				
What does your dog do v	when you are not home?_			
What does you dog do w	hen he/she is happy?			
What kind of toys and ga	mes does your dog like?_			
Has your dog had any for	rmal obedience training? \	/ / N		
If yes, what type, when a	and where?			
What commands does yo	our dog respond to?			
Hand Commands?				

Bathroom Command?	· 		
Other Commands?			
	ny problems in the following area		
Barking?			
House Training?			
Ignoring Commands?			
Jumping?			
How does your dog re	act when		
People come into you	r home or yard?		
People pass outside h	ome or yard?		
People bring their dog	(s) into your home or yard?		
Dogs pass outside hor	ne or yard?		
Has your dog ever? (	(If yes, please describe)		
Growled at someone?			
Bitten someone?			
Scaled a fence? (type/	height)		_
Reacted negatively wh	nen someone took food or toys av	way?	
Is your dog anxious ar	ound or frightened by any partic	ular	
Noises?	Objects?	Acti ons?	
Types / Gender of Peo	pple?		
How many times a we	ek is your dog taken for walks?		
On lead?	Off lead?		
If your dog socializes v	with other dogs		
Does your dog prefer	male or female dogs?		
Larger, smaller, or sam	ne size dogs?		
How does he/she read	ct to puppies?		
What kind of games d	oes he/she play with other dogs?	)	
Does he/she willingly	share his/her food or toys with o	ther dogs?	
Has your dog ever visi	ted a park? Y / N Did he/she e	enjoy it? Y / N	

Details (where, when, how often)
Has your dog ever gone to daycare? Y / N Did he/she enjoy it? Y / N
Details (where, when, how often)
Other Important Information
What are your dogs favorite petting spots?
Does your dog have any sensitive areas on his/her body?
How often do you brush or comb your dog? Does he/she enjoy it? Y /
Do any restrictions need to be placed on your dog's activities (e.g. due to hip dysplasis)
Will you allow your dog to rest on the furniture while he/she is at daycare? Y / N  May we give your dog biscuits or treats while he/she is at daycare? Y / N / Only as provided by owne  What flea and tick prevention is your dog on?  Frequency?  What else should we know about your dog?
What other services would you be interested in? (Transportati on, Pet/Sitting/Daycare, Training,
Grooming, etc.)
Signature of Owner Date