

Admission Questionnaire for K9 Playtime  
590 Brannan Street  
San Francisco, CA 94107  
(415) 796-2245

Today's Date: \_\_\_\_\_

Dog's Name: \_\_\_\_\_

**VACCINATION / MEDICATION RECORDS:**

Please attach Vaccination record from Vet Provider.

Bordetella (Kennel Cough):	date due _____
Rabies:	date due _____
DHLPP (Distemper):	date due _____
Flea Control:	type and date last given _____

**Owner Information:** (please print)

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ Zip: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_  
Employer: \_\_\_\_\_

**How did you hear about K9 Playtime?**

Web Search \_\_\_\_\_ Vet \_\_\_\_\_ Building Concierge \_\_\_\_\_  
Dog Park \_\_\_\_\_ Friend \_\_\_\_\_ Other \_\_\_\_\_

**Emergency contact: (should not be the same as owner info)**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

**Pet Information:**

Name: \_\_\_\_\_ Breed: \_\_\_\_\_  
Color: \_\_\_\_\_ Sex: \_\_\_\_\_  
Birth Date: \_\_\_\_\_ Weight: \_\_\_\_\_

Is your dog spayed or neutered? \_\_\_\_\_

We do require your dog over the age of 12 months to be spayed or neutered.

**Veterinarian:**

Name of Animal Hospital: \_\_\_\_\_  
Dr. Name \_\_\_\_\_ Phone: \_\_\_\_\_

The following people may pick up my dog from K9 Playtime:

\_\_\_\_\_  
\_\_\_\_\_

**Ownership Profile:**

- How old was your dog when you got him/her? \_\_\_\_\_
- Where did you get him/her? (breeder, pet store, SPCA.) \_\_\_\_\_

• If you got your dog after she/he was 3 months old, what information do you have about your dog's past history?

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• How long is your dog left alone during the weekdays?

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• Where does she/he stay during that time? (crate, kitchen, yard, etc.)

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• Is your dog crate trained? \_\_\_\_\_

• Is your dog house trained? \_\_\_\_\_

• What training, if any, has your dog experienced? \_\_\_\_\_

**Dog Personality Profile:**

(feel free to use opposite side of page if more space is needed)

• Does your dog have any behavioral issues or destructive habits when left alone (if so, please explain)?

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• Does your dog bark a lot (if so, what provokes it)?

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• Does your dog get frightened by unfamiliar noises (if so, please explain)?

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• Does your dog have a fear of thunderstorms (if so, what happens)?

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• Has your dog ever jumped or climbed over a fence? If so, how high?

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• Has your dog ever bitten another person or dog? \_\_\_\_\_ If yes, please describe:

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• Can you take a food based item away from your dog w/o him growling?

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• Has your dog ever socialized with a large group of dogs (more than six)? \_\_\_\_\_  
If yes, please describe:

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• Is there any type of person (children, men, etc.) your dog routinely dislikes or fears? If yes, please describe:

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• Is there any type of dog (specific breed, male, female, etc.) your dog routinely dislikes or fears? If yes, please describe:

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- Does your dog show a particular fondness or interest toward a specific breed of dog? If yes, please describe
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### **Dog Health Profile:**

- Does your dog have any "old" injuries that we need to be concerned about while at daycare? \_\_\_\_\_
  - Are there any restrictions that should be placed on your dog's activities?  
\_\_\_\_\_
  - Does your dog take any medication for chronic illness (if so, for what ailment)?  
\_\_\_\_\_
  - Does your dog have allergies (if so, to what)?  
\_\_\_\_\_
  - What brand of food does your dog eat?  
\_\_\_\_\_
  - Are there any areas on your dog's body that does not like to be touched by humans (ears, paws, etc.)? If so, please describe.  
\_\_\_\_\_
  - Does your dog have cocophagni (does he eat his own or other dogs poo)?  
\_\_\_\_\_
- 

### **Dog Etiquette:**

- How does your dog react to strangers coming into (or near) your home/yard?  
\_\_\_\_\_  
\_\_\_\_\_
  - Do visitors bring dogs to your home? \_\_\_\_\_ How does your dog react?  
\_\_\_\_\_  
\_\_\_\_\_
  - Is it common for your dog to jump on you or other people (if so, how do you respond to this)?  
\_\_\_\_\_  
\_\_\_\_\_
  - Will your dog readily share toys with other dogs?  
\_\_\_\_\_
  - Does your dog wrestle with other dog's \_\_\_\_\_ If yes, does your dog usually take the top or bottom or both position when wrestling?  
\_\_\_\_\_
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- When your dog meets another dog (off-leash), describe your dog's greeting?

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- Do you have any key words or commands your dog understands (sit, stay, come, potty, off, no jump, ...) Please list, and please include the meaning for the dog:

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Please share any other information you would like for us to know about your dog while attending daycare?

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Thank you for choosing K9 Playtime. We appreciate you taking the time to carefully and completely filling out this form. It's very helpful to us when caring for your dog.  
Your dog's home away from home.