

Hotel For Dogs

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Port Monmouth, NJ 07758
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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 Breed _____ Gender M / F

Dog's Birthday _____ Spayed / Neutered at what age? _____

How long have you owned your dog? _____

Where did you get your dog? _____

If adopted, what knowledge do you have of your dog's past history _____

How did you hear about Hotel for Dogs Daycare? _____

Are there any other animals in your household? _____

Has your household situation changed in over the past year? Y / N

If yes, please describe _____

Behavior:

What does your dog do when you are not home? _____

What does your dog do when he/she is happy? _____

What kind of toys and games does your dog like? _____

Has your dog had any formal obedience training? Y / N

If yes, what type, when and where? _____

What commands does your dog respond to? _____

Hand Commands? _____

Bathroom Command? _____

Play Commands? _____

Quiet Command? _____

Other Commands? _____

Does your dog have any problems in the following areas (If yes, please describe)

Barking? _____

House Training? _____

Ignoring Commands? _____

Jumping? _____

How does your dog react when...

People come into your home or yard? _____

People pass outside home or yard? _____

People bring their dog(s) into your home or yard? _____

Dogs pass outside home or yard? _____

Has your dog ever...? (If yes, please describe)

Growled at someone? _____

Bitten someone? _____

Scaled a fence? (type/height) _____

Reacted negatively when someone took food or toys away? _____

Is your dog anxious around or frightened by any particular...

Noises? _____ Objects? _____ Actions? _____

Types / Gender of People? _____

How many times a week is your dog taken for walks? _____

On lead? _____ Off lead? _____

If your dog socializes with other dogs...

Does your dog prefer male or female dogs? _____

Larger, smaller, or same size dogs? _____

How does he/she react to puppies? _____

What kind of games does he/she play with other dogs? _____

Does he/she willingly share his/her food or toys with other dogs? _____

Has your dog ever visited a park? Y / N Did he/she 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 / N

Do any restrictions need to be placed on your dog's activities (e.g. due to hip dysplasia)

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 owner

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? (Transportation, Pet/Sitting/Daycare, Training, Grooming, etc.) _____

Signature of Owner _____ **Date** _____