



**Shamrock Dog Grooming, Dog Waste
Removal & Black Jack's Dog Day Care**

10 Lyman St. Suite 10

Pittsfield, Ma 01201

413-443-9700

email: shamrockdoggrooming@gmail.com

website: www.shamrockdoggrooming.com

Day Care Application Form

Please submit the completed Application, signed Liability Waiver and a copy of your pet's vaccination records.

Customer Information:

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell: _____

Work Phone: _____ email: _____

How did you hear about us? _____

Emergency Contact:

Name: _____ Relationship: _____ Phone: _____

Pet Information:

Name: _____ Breed: _____

Birthdate (or approx.) _____ Sex: M / F Spayed / Neutered Y / N

Veterinary Clinic: _____ Phone: _____

Veterinarian Seen : _____

Brand of Food: _____

Any known Allergies: _____

General Questions:

Reason for Day care: _____

Where did you acquire your dog: (circle one)

Breeder Rescue/Shelter Re-homed Found

How long have you had your dog: _____

Has your dog attended Daycare in the past: Y / N

Reason for switching: _____

Behavior: (Check all that apply)

Displays Leash Aggression (if so do you use a special leash)

Has formal training If so, When and where _____

Fears If so, what are they _____

Crate Trained

Barks in crate

Jumps on People

Lives with other household pets

Barks at play with other people or dogs

- Chomps on hand when taking treats
 - Nips at people, If so, under what circumstances _____
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- Plays Rough with other dogs
 - Knows basic commands If so, which ones _____
-

- Displays destructive behavior in your home
 - Shares toys with people and other animals
 - Eats his/her own or other dogs feces
 - Barks or reacts to strangers on or off leash
 - Strange habits If so please explain: _____
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- Jumps or climbs out of fences
- Bark or react to other dogs on/off leash
- Greets strange dogs nicely

If necessary, please explain any behaviors listed above or add any other behavior we should be aware of

Health History: (Check any that have occurred in the last 6 months)

- | | |
|--|--|
| <input type="checkbox"/> Altercation with another dog | <input type="checkbox"/> Goes to dog park |
| <input type="checkbox"/> Crate Trained | <input type="checkbox"/> Can Escape crate |
| <input type="checkbox"/> Eye Infections | <input type="checkbox"/> Tape worms |
| <input type="checkbox"/> Surgeries Allergies | <input type="checkbox"/> Gastritis/Bloat Dysplasia |
| <input type="checkbox"/> Prone to eating foreign objects | <input type="checkbox"/> Displays Separation Anxiety |
| <input type="checkbox"/> Has bitten someone | <input type="checkbox"/> Ear Infections |
| <input type="checkbox"/> Heart worms | <input type="checkbox"/> Seizures |
| <input type="checkbox"/> Regular Medications | <input type="checkbox"/> Canine Cough |
| <input type="checkbox"/> Heat Stroke | <input type="checkbox"/> Arthritis |

Please explain any of the above conditions and indicate date acquired: _____

Preventive Health Maintenance: (please indicate brand used and when)

Current Flea and Tick preventative: _____

Current Heart worm preventative: _____

Special Words or phrases used with your dog: _____

How is your dog with: Good Bad Indifferent

Children

Small Dogs

Big Dogs

Puppies

Men

Women

Loud Noises

Someone taking toys/food Touching their feet Touching their ears Grabbing their collar

Are you... Yes No Not Sure

Willing to work at home on issues such as

jumping, mouthing,
rough play ect. if they arise?

Able to abide by Pick Up time
on a regular basis?

(Late fees apply for all late pick ups)

