

K-9 Kamp Dog Daycare

Pet Profile Enrollment Form

Please return this completed form along with a copy of your pet(s) vaccination records to:

K-9 Kamp
228 Bridge Street
East Syracuse, NY 13057
Phone: 315-437-7110
www.K-9Kamp.com
E-mail us at
K9Kamp101@hotmail.com

Welcome to K-9 Kamp. Please complete the information below so that we may provide the best possible care for your pet.

Note that for the health and safety of all our guests, all pets over 6 months of age must be spayed or neutered and also current on Rabies, Distemper, and Bordatella vaccines. Under 6 months, all pets must have their first course of puppy shots.

General Information:

Date: _____

How did you hear about us? _____

Owner Name: _____ Pet's Name: _____

Owner Address:

Street: _____ State: _____ Zip: _____

Town: _____

Home Phone: _____ Office/Cell Phone: _____

E-mail: _____

Emergency Contact Name: _____ Phone: _____

Office Phone: _____ Cell Phone: _____

Pet Information:

Pet 1:

Breed:_____ Age:_____ Birthday:_____

Color:_____ Sex:_____

Is your pet spayed/neutered?_____Yes _____No

Where did you get your pet?_____

What age was your pet when you got him/her?_____

Pet 2:

Breed:_____ Age:_____ Birthday:_____

Color:_____ Sex:_____

Is your pet spayed/neutered?_____Yes _____No

Where did you get your pet?_____

What age was your pet when you got him/her?_____

Pet 3:

Breed:_____ Age:_____ Birthday:_____

Color:_____ Sex:_____

Is your pet spayed/neutered?_____Yes _____No

Where did you get your pet?_____

What age was your pet when you got him/her?_____

Pet 4:

Breed:_____ Age:_____ Birthday:_____

Color:_____ Sex:_____

Is your pet spayed/neutered?_____Yes _____No

Where did you get your pet?_____

What age was your pet when you got him/her?_____

Veterinary Information:

Name of Veterinary Hospital: _____

Primary Vet familiar with pet, if applicable: _____

Address: _____

Phone: _____

Days/Hours of Operation: _____

Grooming/Health:

Does your pet have any allergies? If so, please describe _____

Does your pet have any problems with fleas or ticks? _____

Is your pet on flea/tick preventative medicine? (Product used) _____

Does your pet have arthritis? ____ Yes ____ No

Joint problems? ____ Yes ____ No

Hip Dysplasia? ____ Yes ____ No

If you answered yes to any of the above three questions, are there any restrictions on your pet's activities or movements? _____

Does your pet have any sensitive areas on his/her body? _____

Does your pet like to be brushed? _____ Petted? _____

What areas of the body does your pet like to be petted or brushed? _____

Behavior History:

Does your pet interact with children? _____

How does your pet behave when interacting with children?

Are there any other pets in your household? If so please list type, age, sex of each:

Describe how your pet behaves with other pets in the household _____

Does your pet fear or dislike any type of person? _____

Does your pet fear or dislike any particular type of pet? _____

Does your pet fear or dislike any noises or particular items? If yes please identify/elaborate _____

How does your pet react to unfamiliar pets or people that come into your home and/or yard? _____

Does your pet play with toys? ____ Yes ____ No What type? _____

Does your pet play with other pets? ____ Yes ____ No

If so, who do they like best? _____

Does your dog bark or growl when dogs or people pass in front of your house yard? _____

How does your dog interact with puppies? _____

Please describe any problems your dog has with any of the following:

Jumping: _____

Housetraining: _____

Mouthiness (Grabbing but not biting): _____

Barking: _____

Digging: _____

Separation/Home Alone Anxiety: _____

Leash Pulling: _____ Other: _____

Please describe any of the following behaviors:

Has your dog bitten a person or other dog? _____ Yes _____ No

If so, what were the circumstances: _____

Has your dog growled at a person? _____ Yes _____ No

If so, What were the circumstances: _____

Has your dog growled, bitten, or snapped at someone for approaching their food or toys?

_____ Yes _____ No

If so, what were the circumstances: _____

Does your dog share his/her toys and/or food with other pets? _____ Yes _____ No

Has your dog been to a dog park? _____ Yes _____ No

If so, please briefly describe his/her interaction with other dogs:

Has your dog ever been attacked or bitten by another dog? _____ Yes _____ No

If so please describe the circumstances: _____

Has your dog had any formal obedience/good-manners training? _____ Yes _____ No

If so, where and when:

What commands does your dog know?

Final Details:

Please detail any other information about your pet that you feel would be helpful or important to the K-9 Kamp Councilors: _____

I certify that I have answered the above questions fully and to the best of my ability
