



767 Old Sambro Road Unit 7
Halifax, Nova Scotia, Canada.
902-817-4283
oncuetraining@gmail.com
oncueanimaltraining.ca

Daycare Application

owners Name

Address

Home Phone # _____ Work #

Cell Phone #

E-Mail Address

Dogs Name _____ Dogs Birthday

Breed _____ Sex _____ Age

My dog is: Spayed Neutered Not Spayed/Neutered

Veterinarian Hospital

Contact Name _____ Phone Number

Address _____ City _____ Province

Postal Code

Vaccinations: Owner is required to provide veterinary proof of current and up to date Rabies, Distemper, and Bordetella. Also will expect Titer testing for vaccines.



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Emergency Contact

1. Name: _____ Relationship: _____ Home

Phone: _____ Work Phone: _____ Cell Phone:

2. Name: _____ Relationship: _____ Home

Phone: _____ Work Phone: _____ Cell Phone:

Persons Authorized to Drop Off and/or Pick-Up my dog:

(ID is required)

Canine Behaviour Questions



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Is there any PERSON, type of DOG, or SITUATION your dog seems to be uncomfortable with? YES NO (If yes, Please explain)

How long have you had your dog? _____ Where did you get your dog?

Has your dog ever growled or bit another PERSON or DOG? YES NO (If yes, what were the circumstances?)

Has your dog ever jumped a fence or barrier? YES NO

Is your dog crate trained? YES NO

Is there any areas on your dogs body that he/she DOES NOT like to be touched by humans?

YES NO (If yes, which areas?) _____ Has

your dog ever socialized with a large group of dogs (8 or more)? YES NO

Please Describe:

Does your dog play well with dogs of all sizes? YES NO

(If no, please describe)

Is your dog afraid of thunderstorms? YES NO If yes, how do we make him/her comfortable?



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Does your dog have any disabilities? YES NO

(If yes, Please explain) _____ Is it

okay if your dog has treats?

Medications: YES NO

Please List all medications:

- MORNING AFTERNOON EVENING QUANTITY:
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Does your dog have any allergies or any other condition? YES NO

If yes, please explain:

Owners Signature: _____ Printed Name: _____ Date:

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