



310 Carver Lane, East Peoria, IL 61611

## Enrollment Form

Phone: (309)-698-1200 Email: info@playalldaydoggiedaycare.com

Owner Information		Owner #1	Owner #2
Name			
Employer			
Home Phone			
Work Phone			
Cell Phone			
Email			
Address			
Physical Residence Address (Same for both Owners) – Street/City/State/Zip			
Mailing Address (if different)			
Who else is authorized to drop off/pick up your dog?			

Emergency Non-Owner Contact Information	
Name:	Phone:
Other instructions in case of emergency:	
Play All Day will always use reasonable efforts to contact the owner in the case of illness or injury. If the owner cannot be reached, Play All Day is authorized to make appropriate decisions regarding veterinary care.	

Dog Information (Attach additional pages if needed)		
	Dog #1	Dog #2
Name		
Breed		
Color		
Sex		
Weight		
Age		
Spayed/Neutered		
Date of Birth		
Date of Adoption		
Veterinarian Contact Information		
Name		Phone:
Address		Fax:



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### How Did You Hear About Play All Day?

- Referral from existing client  
(Name: \_\_\_\_\_)
- Local business referral (Business  
Name: \_\_\_\_\_)
- Play All Day Mailing Card/Brochure Card
- Play All Day Website
- Online Yellow Pages
- Other (Please  
specify: \_\_\_\_\_  
\_\_\_\_\_)

Please know that we love to reward our referrals. If you know a dog that would enjoy playing all day, make sure they put your name down when they fill out this form and we'll give you a free day of daycare!

### *Office Use only*

Received: \_\_\_\_\_

Evaluation scheduled \_\_\_\_\_

Tour \_\_\_\_\_



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### Off-Leash Play Application

We love dogs and want your dog to love coming to our off-leash playgroup. No one knows your dog better than you, so we'd appreciate you taking the time to fill out this application. The more we know about the dogs in our care, the better our playgroups will be.

Owner's Name(s):	Today's Date:
Owner's Phone	

### Dog Information

*Please submit one application for each dog who you would like to have in off-leash play*

Dog's Name:	Breed: If a mix, list two predominant breeds in behavior:
1a. Current age	Years:                      Months:
1b. How long have you owned your dog?	
2. Where did you get your dog? Newspaper Ad    Breeder    Pet Store Animal Shelter    Animal Rescue Group Friend              Found As Stray Other _____	What knowledge do you have of your dog's past history?
3. Why are you considering our off-leash dog play program for your dog? (check all that apply) Play with other dogs So not home alone; check if exhibits symptoms of separation anxiety Exercise: Primary source or Additional source of exercise Recommended by other pet professional (trainer, vet, etc.); Reason: _____ Other: _____	
4. Which of the following best describes your dog's level socialization with other dogs: <input type="checkbox"/> None – No knowledge of other dog interaction <input type="checkbox"/> Minimal – On leash encounters only <input type="checkbox"/> Moderate – Some off-leash playtime on occasion with visitor's/neighbor's/friend's dog(s) <input type="checkbox"/> Extensive – Regular visits to dog social events, off-leash dog parks, dog daycare, etc.	
5a. Has your dog had any problems previously in an off-leash social environment? <input type="checkbox"/> No <input type="checkbox"/> Yes, (check all that apply) <input type="checkbox"/> Altercation or fight at a public dog park <input type="checkbox"/> Altercation or fight with a neighbor or friend's dog <input type="checkbox"/> Fearful reaction in a group of dogs <input type="checkbox"/> Dismissed from a prior dog daycare or social playgroup program (complete item 5b) <input type="checkbox"/> Other (please describe) _____	



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5b. *Only complete if you answered yes in 5a that your dog was dismissed from a prior program.*  
 What reason were you given as to why your dog was dismissed?

Check each statement below that applies to the situation that resulted in your dog's dismissal.

- My dog was injured, no medical treatment required
- My dog was injured and required medical treatment
- Another dog was injured, no medical treatment required
- Another dog was injured and required medical treatment
- A person was injured, no medical treatment required
- A person injured and required medical treatment

Provide any other comments you want us to know about this situation.

**Health History**

6. Please describe your dog's flea/tick control and prevention program:

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7. Does your dog have any allergies?    Yes    No    If yes, please explain:

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8. Does your dog have any physical disabilities?    Yes    No  
 Please explain disability & cause:

If answered yes, what restrictions need to be placed on your dog's activities or movements?  
 No jumping    No running    No hard play    No contact with other dogs    Other (*Please explain*)

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9. Does your dog have any medical conditions?    Yes    No    If yes, please explain:  
 If medication is used to control the condition, please provide name and dosage.

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10. Provide details of your dog's diet –

- a. *type* (kibble, canned, raw/natural):
- b. *brand* (Innova, Iams, Purina, etc.):
- c. *primary protein source*:
- d. *feeding schedule*:

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11. On what type of surface does your dog generally go to the bathroom (e.g., grass, mulch, pee pads)?



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12. Does your dog have any bathroom-related issues or concerns?	
13 a. How often do you brush or comb your dog's coat?	13b. How does your dog react to having his/her nails clipped?
13c. Does your dog like to be brushed?    Yes    No    If no, what have you tried to make it more enjoyable?	
14. Does your dog have any sensitive areas on his/her body?    Yes    No    If yes, where?	
15. Where are your dog's favorite petting spots?	
16a. How frequently is your dog walked outside?	16b. How long are your walks?
17. Check the box below that best represents your dog's overall level of exercise routine: Couch Potato: Spends days sleeping, occasional walks and/or playtime with humans or other dogs. Mild Exerciser: Short daily walks and/or regular playtime with human or other dogs. Moderate Exerciser: Long or multiple walks daily and/or regular playtime with human or dogs. Athlete: Regular jogs/runs and/or regular participation in a dog sport activity such as agility, flyball, frisbee, etc.	

**Household Information**

18. Complete table with information on other pets in household:

Breed	Age	Sex	Spayed or Neutered
1.		<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Yes <input type="checkbox"/> No
2.		<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Yes <input type="checkbox"/> No
3.		<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Yes <input type="checkbox"/> No
4.		<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have cats? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, how many cats do you have?		How does your dog get along with your cats?  How does he react to unfamiliar cats he sees on walks?	

19a. Does your dog like children?	Yes    No
19b. How does your dog behave around children?	19c. How does your dog get along with other household animals?



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<p>20. Do any visitors bring their dog(s) to your house?    Yes    No    If yes, how do they get along?</p>				
<p>21. How does your dog react to a stranger coming into your home or yard?</p>				
<p>22. Does your dog ever bark or growl at anyone passing outside your home or yard?    Yes    No If yes, please explain:</p>				
<p>23. Are there any types and/or breeds of dogs your dog seems to automatically fear or dislike? Yes    No, If yes, please describe:</p>				
<p>24. How does your dog react to puppies?</p>				
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="2" style="padding: 5px;"> <p>25. How does your dog react to another dog approaching him/her in a park, at the beach, or on a walk?</p> </td> </tr> <tr> <td style="width: 50%; padding: 5px; vertical-align: top;"> <p>a. On Leash:</p> </td> <td style="width: 50%; padding: 5px; vertical-align: top;"> <p>b. Off Leash:</p> </td> </tr> </table>	<p>25. How does your dog react to another dog approaching him/her in a park, at the beach, or on a walk?</p>		<p>a. On Leash:</p>	<p>b. Off Leash:</p>
<p>25. How does your dog react to another dog approaching him/her in a park, at the beach, or on a walk?</p>				
<p>a. On Leash:</p>	<p>b. Off Leash:</p>			
<p>26. Does your dog play with other dogs?    Yes    No</p> <p>If yes, which type?              Male and females              Only males              Only females</p> <p>Please describe size, breed, &amp; temperament of the other dogs.</p>				
<p>27. What kinds of games does your dog play with other dogs?</p>				
<p>28. What kinds of games does your dog play with people?</p>				
<p>29. Has your dog ever shared his/her food or toys with other animals?    Yes    No If yes, how does your dog react to another dog approaching his/her food or toys?</p>				



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<p>30. Which commands does your dog know? (please check all that apply)</p> <p>Sit    Stay    Down    Come    Heel    Rollover    Kisses    High Five</p> <p>Other: _____</p>	
<p>31. How did your dog get his/her obedience training? (Please check all that apply)</p> <p>Attended one group class          Attended more than one level of group classes (beginner and intermediate, etc.)          Dog was sent to a board and train program          Private sessions in home          Other, please explain:</p>	
<p>32. Which of the following best describes the use of obedience cues with your dog at home?</p> <p>Key part of daily communication          Used when we go on walks or have people over          Used occasionally to better control behavior          Rarely used          Not applicable</p>	
<p>33. What kind of a collar do you use to walk your dog?</p> <p>Buckle    Nylon/Chain Choke Collar    Harness – Leash Clips on Back    Harness – Front Clip          Head Collar          Prong/Pinch    Other:</p>	
<p>34. Is it effective in keeping him/her under control?                      Yes                      No</p>	
<p>35. Has your dog ever gotten away from someone when out for a walk?    Yes    No    If yes, please explain circumstances:</p>	
<p>36a. Where does your dog sleep?</p> <p><input type="checkbox"/> Inside the house    <input type="checkbox"/> Outside the house    <input type="checkbox"/> Inside/Outside-varies</p>	
<p>36b. In which room in the house does your dog sleep?</p>	<p>36c. Where in the room does your dog sleep?</p> <p>Crate    Owner's bed    Dog Cushion/Bed on floor          Other (Please describe)</p>
<p>37. Has your dog ever jumped up on someone?    Yes    No    If yes, what were the circumstances?</p>	
<p>38. How does your dog act when you get home at the end of the day?</p>	
<p>39. What does your dog do to show he/she is happy?</p>	



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40. What does your dog do to show he/she is upset?	
41. Is your dog allowed on the furniture at home?	Yes    No
42. Does your dog have any problems in any of the following areas? If yes, please explain. Mouthing _____ Houstraining: _____ Barking: _____ Digging: _____ Ignoring commands: _____	
43. Does your dog know any tricks? If yes, please describe.	Yes    No

### **Dog Behavior Information**

44. Are there any particular types of people your dog seems to automatically fear or dislike?	
45. Has your dog ever growled at someone?    Yes    No    If yes, what were the circumstances and how did you respond?	
46. Has your dog ever bitten a person?    Yes    No    If yes, what were the circumstances and how did you respond? Please describe injuries (if any).	
47. Has your dog ever bitten another animal?    Yes    No    If yes, what were the circumstances and how did you respond? Please describe any injuries if there were any.	
48. To the best of your knowledge, what does your dog do when you're not at home?	
49. Has your dog ever climbed/jumped a fence?    Yes    No    If yes, what were the circumstances? How high was the fence?	





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<p>50. Has your dog ever escaped from your house or yard?    Yes    No    If yes, please explain the circumstances:</p>  
<p>51. How would you describe the energy level of your dog?                Low        Medium        High</p>
<p>52. Has your dog ever chased or tried to chase a small animal?    Yes    No    If yes, what were the circumstances?</p>  
<p>53. Has your dog ever chased someone (or wanted to) on a skateboard or bicycle?    Yes    No    If yes, what were the circumstances?</p>  
<p>54. Is your dog frightened by thunderstorms?    Yes    No    If yes, describe typical behavior &amp; what specifically helps to relax your dog or calm his/her fear.</p>  
<p>55. Is your dog frightened or nervous around anything else?    Yes    No    If yes, please explain.</p>  
<p>56. Does your dog play with any toys?    Yes    No    If yes, what kinds of toys does your dog like?</p>  
<p>57. Has your dog ever growled or snapped at a person who has taken food or toys away from him/her?    Yes    No    If yes, what were the circumstances and how did you respond?</p>  
<p>58. Has your dog ever growled or snapped at another dog who has taken food or toys away from him/her?    Yes    No    If yes, what were the circumstances and how did you respond?</p>  
<p>59. Have you ever noticed your dog stopping and staring at another animal?    Yes    No    If yes, what were the circumstances?</p>  
<p>60. Other comments or information about your dog that you feel might be helpful?</p>   



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If completing form by hand, please sign below verifying that the above information is correct.  
Online submission of this form will serve as a signature.

	Owner #1	Owner #2
<b>Signature:</b>		
<b>Date:</b>		

Thank you for the time you spent completing the application form. We look forward to meeting you and your dog on evaluation day. Please contact us if you have any questions on the next steps of the evaluation process.