



**Dog Days of Birmingham**  
112 18th Street North  
Birmingham, AL 35203  
Phone (205) 458 9364  
Fax (205) 458-9365  
[www.dogdaysofbirmingham.com](http://www.dogdaysofbirmingham.com)

**Doggie Day Care . Boarding . Grooming . Training . Retail**

### **Daycare/Boarding/Grooming Application**

Email to: [jimmy.johnson@dogdaysofbirmingham.com](mailto:jimmy.johnson@dogdaysofbirmingham.com)

Application may also be mailed, faxed or hand delivered

- All dogs MUST have shot records confirmed prior to services being provided
- A temperament test must be performed prior to admittance to daycare or boarding services

#### **Client Information:**

Owners Name (please print) \_\_\_\_\_

First Last MI

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Cell (\_\_\_\_) \_\_\_\_\_ Work (\_\_\_\_) \_\_\_\_\_ Home (\_\_\_\_) \_\_\_\_\_

Email address \_\_\_\_\_ Fax# (\_\_\_\_) \_\_\_\_\_

Veterinarian/Clinic: \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_ Fax (\_\_\_\_) \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Services interested in: Daycare \_\_\_\_\_ Boarding \_\_\_\_\_ Grooming \_\_\_\_\_ Training \_\_\_\_\_

Emergency contact (other than your veterinarian or yourself):

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

Name(s) of people authorized to pick up your dog(s) \_\_\_\_\_

How did you hear about us? \_\_\_\_\_

## **Dog(s) Information:**

**Dog #1 Name** (s) \_\_\_\_\_ (DOB) \_\_\_/\_\_\_/\_\_\_ M\_\_\_F\_\_\_

Breed \_\_\_\_\_ Color \_\_\_\_\_ Weight \_\_\_\_\_ Spay/Neuter Yes\_\_\_ No\_\_\_

Shot record dates : Bordatella \_\_\_/\_\_\_/\_\_\_ Distemper \_\_\_/\_\_\_/\_\_\_ Rabies \_\_\_/\_\_\_/\_\_\_

Yearly Heartworm test \_\_\_ Y\_\_\_N If yes, what brand of preventative \_\_\_\_\_

Flea and Tick Medication \_\_\_ Y \_\_\_N If yes, what brand of preventative \_\_\_\_\_

Microchip \_\_\_ Y \_\_\_N Chip # \_\_\_\_\_

Please list any medical conditions: \_\_\_\_\_

Medication(s) \_\_\_\_\_

**Dog #2 Name** (s) \_\_\_\_\_ (DOB) \_\_\_/\_\_\_/\_\_\_ M\_\_\_F\_\_\_

Breed \_\_\_\_\_ Color \_\_\_\_\_ Weight \_\_\_\_\_ Spay/Neuter Yes\_\_\_ No\_\_\_

Shot record dates : Bordatella \_\_\_/\_\_\_/\_\_\_ Distemper \_\_\_/\_\_\_/\_\_\_ Rabies \_\_\_/\_\_\_/\_\_\_

Yearly Heartworm test \_\_\_ Y\_\_\_N If yes, what brand of preventative \_\_\_\_\_

Flea and Tick Medication \_\_\_ Y \_\_\_N If yes, what brand of preventative \_\_\_\_\_

Microchip \_\_\_ Y \_\_\_N Chip # \_\_\_\_\_

Please list any medical conditions: \_\_\_\_\_

Medication(s) \_\_\_\_\_

**Dog #3 Name** (s) \_\_\_\_\_ (DOB) \_\_\_/\_\_\_/\_\_\_ M\_\_\_F\_\_\_

Breed \_\_\_\_\_ Color \_\_\_\_\_ Weight \_\_\_\_\_ Spay/Neuter Yes\_\_\_ No\_\_\_

Shot record dates : Bordatella \_\_\_/\_\_\_/\_\_\_ Distemper \_\_\_/\_\_\_/\_\_\_ Rabies \_\_\_/\_\_\_/\_\_\_

Yearly Heartworm test \_\_\_ Y\_\_\_N If yes, what brand of preventative \_\_\_\_\_

Flea and Tick Medication \_\_\_ Y \_\_\_N If yes, what brand of preventative \_\_\_\_\_

Microchip \_\_\_ Y \_\_\_N Chip # \_\_\_\_\_

Please list any medical conditions: \_\_\_\_\_

Medication(s) \_\_\_\_\_

- For your convenience you may have your Vet. fax your dog(s) records to us. Fax # (205) 458-9365
- For registering more than 3 dogs please complete a second application.

Please check all that apply to your dog(s)

	Dog #1	Dog #2	Dog #3
1. Has your dog ever escaped or attempted to?	_____	_____	_____
2. Has your dog been enrolled in daycare before?	_____	_____	_____
3. Is your dog toy/food possessive?	_____	_____	_____
4. Has your dog ever shown aggression toward a person or other dog?	_____	_____	_____
7. Has your dog ever bitten someone or another dog?	_____	_____	_____
8. Has your dog ever reacted negatively to strangers?	_____	_____	_____
9. Does your dog have food or other allergies?	_____	_____	_____
10. Does your dog have a circumstance that he/she is frightened of?	_____	_____	_____
11. Does your dog have any medical restrictions on his/her activity?	_____	_____	_____
12. Does your dog receive regular exercise?	_____	_____	_____
13. Does your dog have any problem being crated?	_____	_____	_____
14. Does your dog have accidents in the house?	_____	_____	_____
15. Does your dog have any area on his/her body that should not be touched?	_____	_____	_____

Please comment on any items which are checked above

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Is there anything else you would like to tell us about your dog(s)?

Note: Always be sure to check your dog(s) cubby for updates and reports on Daycare/Boarding. You will be provided medication and food feeding schedule forms for both Daycare and Boarding.

Thank you for allowing us to care for your BFF! We promise to treat your dog like one of our own with plenty of belly rubs, hugs, kisses, and scratches behind the ears!

Signed \_\_\_\_\_ Date \_\_\_\_\_