

Camp K9 Pet Resort Day Camp Application



Owner Information

First name(s), Last name:	Date:
Address: City, State, Zip:	
(Name)	
_____ Cell: _____ Work: _____ Email: _____ Occupation: _____	
_____ Cell: _____ Work: _____ Email: _____ Occupation: _____	
Emergency Contact:	
Name: _____ Relationship: _____ Phone(s): _____	
People authorized to pick up your dog:	

Pet Information *Please submit one application for each dog that you would like to have in off-leash play.*

Dog's Name:	Does your dog have a nickname?
Breed: (If a mix, list 2 predominant breeds in behavior)	
Date of birth:	Gender: M / F Neutered / Spayed
Color:	Weight:
Vet Clinic:	Phone:
Date of last visit:	Reason:

General Information

How did you hear about Camp K9?	
What kind of day camp schedule are you interested in?	
How many days/week:	Specific day(s):
Consistent schedule each week: Yes No	

Vaccination Requirements: Rabies, Distemper, Bordetella/Parainfluenza 3, Negative fecal within last 6 months (then required annually), and Canine Influenza H3N2.

We also require all Day Camp guests are on a year-round flea and tick preventative program. We will require a receipt for proof of purchase, or you can bring in the packets as proof that your pet is on a flea and tick preventative program.

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.

Off-Leash Play Information

1. How long have you owned your dog?
2. Where did you get your dog? Breeder Pet Store Animal Rescue Group Animal Shelter Newspaper Ad Other: _____
3. Which of the following best describes your dog's level of socialization with other dogs: <input type="radio"/> None – no knowledge of other dog interaction <input type="radio"/> Minimal – on leash encounters only <input type="radio"/> Moderate – some off-leash play on occasion with friend's/neighbor's dog(s) <input type="radio"/> Extensive – regular visits to dog social events, off-leash dog parks, dog daycares, etc.
4. Has your dog had any issues previously in an off-leash social environment? <input type="radio"/> No <input type="radio"/> Yes (check all that apply below) <input type="radio"/> Altercation or fight at a public park <input type="radio"/> Altercation or fight with a friend's/neighbor's dog <input type="radio"/> Fearful reaction in a group of dogs <input type="radio"/> Dismissed from a prior dog daycare or social playgroup program <input type="radio"/> Other, please describe:

Health History

5. Does your dog have any allergies? Yes No If yes, to what:
6. Does your dog have any physical disabilities? Yes No If yes, please explain:
7. 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:
8. Does your dog have any sensitive areas on his/her body? Yes No If yes, where?
9. Select the answer below that best represents your dog's overall level of exercise routine: <input type="radio"/> Couch potato – spends days sleeping, occasional walks and/or playtime with humans or other dogs <input type="radio"/> Mild exerciser – short daily walks and/or regular playtime with humans or other dogs <input type="radio"/> Moderate exerciser – long or multiple walks daily and/or regular playtime with humans or dogs <input type="radio"/> Athlete – regular jogs/runs and/or regular participation in a dog sport activity such as agility, flyball, etc.

Household Information

10. How does your dog get along with other household animals?

11. Does your dog like children? Yes No
How does your dog behave around children?

12. Do any visitors bring their dog(s) to your house? Yes No
If yes, how do they get along?

13. Are there any types and/or breeds of dogs your dog seems to automatically fear or dislike? Yes No
If yes, please describe:

14. How does your dog react to puppies?

15. How does your dog react to another dog approaching him/her in a park, or on a walk?
On Leash: Off Leash:

16. What kinds of games does your dog play with other dogs?

17. Which commands does your dog know? (Circle all that apply)
Sit Stay Down Come Heel Rollover High Five Other:

18. How did your dog get his/her obedience training? (Mark all that apply)

- Attended one group class
- Attended more than one level of group classes
- Dog was sent to a board and train program
- Private sessions at home
- Other:

19. Does your dog have any problems in any of the following areas? If yes, please explain.

- Jumping up on people: _____
- Mouthing: _____
- Housetraining: _____
- Barking: _____
- Digging: _____
- Ignoring Commands: _____

20. Does your dog know any tricks? Yes No
If yes, please describe:

Dog Behavior Information

21. Are there any particular types of people your dog seems to automatically fear or dislike?
22. Has your dog ever growled at someone? Yes No If yes, what were the circumstances and how did you respond?
23. 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).
24. Has your dog ever bitten another animal? Yes No If yes, what were the circumstances and how did you respond? Please describe injuries (if any).
25. To the best of your knowledge, what does your dog do when you're not home?
26. Has your dog ever climbed/jumped a fence? Yes No If yes, what were the circumstances? How high was the fence?
27. Has your dog ever escaped from your house or yard? Yes No If yes, what were the circumstances?
28. How would you describe the energy level of your dog? Low Medium High
29. Is your dog frightened by thunderstorms? Yes No If yes, describe typical behavior and what helps to relax your dog.
30. Is your dog frightened or nervous around anything else? Yes No If yes, please explain:
31. Has your dog ever growled or snapped at a person and/or dog that have taken food or toys away from him/her? Yes No If yes, what were the circumstances and how did you respond?
32. Other comments or information about your dog that you feel might be helpful?

Thank you for the time you spent completing the application form. Please contact us if you have any questions on the next steps.

Camp K9 Pet Resort and Day Camp
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