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For Office Use Only:

Date Received: _____ Scheduled First Day: _____

Approval Date: _____ Precautions: _____

About the Owner:

Owner's Name _____

Second Owner _____

Address _____

City _____ State _____ Zip _____

Phone Number _____

Email Address _____

Employer _____ City of Employment _____

Work phone number _____

About the Household:

How many adults _____

How many children _____ Ages of children _____

Other dogs _____ Ages and sexes _____

Other pets _____

What type of home you do live in (please circle one)

Apt. Condo Town house Single family home

Fenced yard _____

Has dog ever jumped or climbed over a fence _____

If so, how high was fence _____

About the Dog:

Dog's Name _____ Breed _____

Age _____ Sex _____ Date Altered _____

Vet _____ Vet's Phone Number _____

Currently on Medication _____

Dates of Vaccination:

Rabies _____ DHLPP _____ Bordetella _____

Date of Last Fecal _____

Flea Preventative _____

Sick in the last month (circle one) YES NO

Crate trained _____ Housebroken _____

Does your dog sleep on a dog bed _____

Current urination schedule _____

Current defecation schedule _____

Brand of current food: Dry _____ Canned _____

Any food allergies _____

Supplements _____

Treats _____

Do you brush your dog _____ Does your dog like to be brushed _____

Do you cut your dog's toe nails _____

Favorite toys _____

Favorite game _____

About the Dog's Past:

At what age (dog's) did you get your dog _____

Where did dog come from (please circle one)

Local breeder Distant breeder

Pet store Driven

Friend Shipped

Shelter/Rescue Shelter/Rescue

If your dog was adopted from a shelter/rescue Group or Friend, what do you know of the dog's life before your ownership:

Behavior History:

Has the dog ever been in a dog fight? _____

Has the dog ever displayed aggression toward (growl, snap, lunge, bite)

Another Dog? _____

Person? _____

Child? _____

Cat? _____

Another animal? _____

Has the dog ever displayed aggression when disturbed while eating?

Food? _____

Treat? _____

Chew toy? _____

Training class history

Puppy class _____

Obedience classes _____

Sports participated _____

Show ring history _____

Current vocabulary/commands _____

Hand signals _____

Tricks _____

Does your dog currently play with other dogs _____

Does your dog like to play with specific types of dogs (ie. Smaller or larger/male and female)

How did you hear about The Pet Campus, Inc. day care? _____

Any other information about your dog that you feel may help the staff evaluate or care for your dog _____
