

# Oscar's Pet Resort Daycare Application

Please have your veterinarian fax us a copy of your pet's current vaccinations to (717) 397-0731 or bring a copy with you. We must have veterinarian letterhead on the vaccination schedule. We require Rabies, Distemper, and Bordetella.

## Can any dog stay and play?

- Dogs four months and older
- Friendly dogs that are not food, toy, or space aggressive
- ALL dogs must come in for interview prior to acceptance to Oscar's Pet Resort
- Healthy Dogs - ALL dogs must and have current DHLPP, Rabies and Bordetella (Kennel Cough) vaccinations and proof from veterinarian. The Bordetella vaccine must be updated every six months
- Any dog older than six months of age MUST be spayed or neutered

**\$50.00 application fee applied at your dog(s) first day of Daycare "Observation day" (\$30.00 for each additional dog). Fee is applied whether dog is approved for services or not.**

## Contact Information

Parent's Name(s):		Today's Date:
Address:		
City:	State:	Zip:
Home Phone:	Cell Phone:	Work Phone:
Email:		
Best Way to Reach You:		
Place of Employment:		
Veterinarian:		
Vet's Phone Number:		
Primary Emergency Contact: <i>(List someone other than yourself or spouse)</i>		
Name:	Relationship:	Phone:
Secondary Emergency Contact:		
Name:	Relationship:	Phone:
Weekly Frequency of Daycare Needed:		
How Did You Hear About Us:		

# Your Dog

*Please submit one application for each dog.*

Dog's Name:	Breed: <i>(If a mix, list two predominant breeds in behavior)</i>
Current Age:	Years: <span style="float: right;">Months:</span>
Color:	Weight: <span style="float: right;">Gender:</span>
Neutered/Spayed?: <input type="checkbox"/> No <input type="checkbox"/> Yes	
License Number:	
Tattoo Number:	
Microchip:	
How long have you owned your dog?	
Where did you get your dog? <input type="checkbox"/> Newspaper Ad <input type="checkbox"/> Breeder <input type="checkbox"/> Pet Store <input type="checkbox"/> Animal Shelter <input type="checkbox"/> Animal Rescue Group <input type="checkbox"/> Friend <input type="checkbox"/> Found As Stray <input type="checkbox"/> Other _____	What knowledge do you have of your dog's past history?  _____
Why are you considering our off-leash dog play program for your dog? (check all that apply) <input type="checkbox"/> Play with other dogs <input type="checkbox"/> So not home alone; check if <input type="checkbox"/> exhibits symptoms of separation anxiety <input type="checkbox"/> Exercise: <input type="checkbox"/> Primary source or <input type="checkbox"/> Additional source of exercise <input type="checkbox"/> Recommended by other pet professional (trainer, vet, etc.); Reason: _____ <input type="checkbox"/> Other: _____	
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.	
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) _____	
<i>Only complete if you answered yes that your dog was dismissed from a prior program.</i> 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. <input type="checkbox"/> My dog was injured, no medical treatment required <input type="checkbox"/> My dog was injured and required medical treatment <input type="checkbox"/> Another dog was injured, no medical treatment required <input type="checkbox"/> Another dog was injured and required medical treatment <input type="checkbox"/> A person was injured, no medical treatment required <input type="checkbox"/> A person injured and required medical treatment	

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

## Health History

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

Does your dog have any allergies?  Yes  No  
If yes, details:

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*)

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.

Provide details of your dog's diet –  
*type* (kibble, canned, raw/natural):  
*brand* (Innova, Iams, Purina, etc.):  
*primary protein source*:  
*feeding schedule*:

Does your dog have any dietary restrictions?  Yes  No If yes, please list:

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

Does your dog have any bathroom-related issues or concerns?

How does your dog react to having his/her nails clipped?

Where are your dog's favorite petting spots?

How frequently is your dog walked outside?	How long are your walks?
Check the box below that best represents your dog's overall level of exercise routine: <input type="checkbox"/> Couch Potato: Spends days sleeping, occasional walks and/or playtime with humans or other dogs. <input type="checkbox"/> Mild Exerciser: Short daily walks and/or regular playtime with human or other dogs. <input type="checkbox"/> Moderate Exerciser: Long or multiple walks daily and/or regular playtime with human or dogs. <input type="checkbox"/> Athlete: Regular jogs/runs and/or regular participation in a dog sport activity such as agility, flyball, frisbee, etc.	

## Household Information

Complete table with information on other pets in household:

Breed	Age	Sex	Spayed or Neutered
		<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Yes <input type="checkbox"/> No

Does your dog like children? <input type="checkbox"/> Yes <input type="checkbox"/> No	
How does your dog behave around children?	How does your dog get along with other household animals (i.e.cats)?
Do any visitors bring their dog(s) to your house? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, how do they get along?	
How does your dog react to a stranger coming into your home or yard?	
Are there any types and/or breeds of dogs your dog seems to automatically fear or dislike? <input type="checkbox"/> Yes <input type="checkbox"/> No, If yes, please describe:	
How does your dog react to puppies?	
How does your dog react to another dog approaching him/her in a park, at the beach, or on a walk? On Leash:	Off Leash:
Does your dog play with other dogs? <input type="checkbox"/> Yes <input type="checkbox"/> No Does play occur off leash, on leash, and how many dogs (i.e. group of dogs, one-on-one)	
If yes, which type? <input type="checkbox"/> Male and females <input type="checkbox"/> Only males <input type="checkbox"/> Only females	
Please describe size, breed, & temperament of the other dogs.	

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

What does your dog do to show he/she is happy?
What does your dog do to show he/she is upset?
Does your dog have any problems in any of the following areas? If yes, please explain. <input type="checkbox"/> Mouthing _____ <input type="checkbox"/> Housetraining: _____ <input type="checkbox"/> Barking: _____ <input type="checkbox"/> Digging: _____ <input type="checkbox"/> Ignoring commands: _____
Does your dog know any tricks? If yes, please describe. <input type="checkbox"/> Yes <input type="checkbox"/> No

## Dog Behavior Information

Are there any particular types of people your dog seems to automatically fear or dislike?
Has your dog ever growled at someone? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, what were the circumstances and how did you respond?
Has your dog ever bitten a person? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, what were the circumstances and how did you respond? Please describe injuries (if any).
Has your dog ever bitten another animal? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, what were the circumstances and how did you respond? Please describe any injuries if there were any.
To the best of your knowledge, what does your dog do when you're not at home?
Has your dog ever climbed/jumped a fence? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, what were the circumstances? How high was the fence?
Has your dog ever escaped from your house or yard? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain the circumstances:
How would you describe the energy level of your dog? <input type="checkbox"/> Low <input type="checkbox"/> Medium <input type="checkbox"/> High

<p>Has your dog ever chased or tried to chase a small animal? <input type="checkbox"/> Yes <input type="checkbox"/> No          If yes, what were the circumstances?</p>
<p>Has your dog ever chased someone (or wanted to) on a skateboard or bicycle? <input type="checkbox"/> Yes <input type="checkbox"/> No          If yes, what were the circumstances?</p>
<p>Is your dog frightened by thunderstorms? <input type="checkbox"/> Yes <input type="checkbox"/> No          If yes, describe typical behavior &amp; what specifically helps to relax your dog or calm his/her fear.</p>
<p>Is your dog frightened or nervous around anything else? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain.</p>
<p>Does your dog play with any toys? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, what kinds of toys does your dog like?</p>
<p>Has your dog ever growled or snapped at a person who has taken food or toys away from him/her? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, what were the circumstances and how did you respond?</p>
<p>Has your dog ever growled or snapped at another dog who has taken food or toys away from him/her? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, what were the circumstances and how did you respond?</p>
<p>Have you ever noticed your dog stopping and staring at another animal? <input type="checkbox"/> Yes <input type="checkbox"/> No          If yes, what were the circumstances?</p>
<p>Other comments or information about your dog that you feel might be helpful?</p>

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.

### Terms & Conditions

- I agree to providing Oscar's Pet Resort a complete and accurate history of my dog's temperament, details of an aggressive displays, and social development.
- I agree to providing Oscar's Pet Resort the required current vaccination schedule for my dog.
- I agree to reading the General Policies before my dog attends Oscar's Pet Resort.
- I am aware of a \$50 application fee (\$30 for each additional dog) that is collected at the time of the Observation Day. The application fee will include my dog's introduction to the OPR facilities, greeting with other dog(s), and a report of my dog's temperament, obedience, and social observations.