

Oscar's Pet Resort Daycare Application

Please submit one application for each dog

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.

Who can attend Daycare:

- Dogs four months and older
- Friendly dogs that exhibit healthy play and are willing to be obedient off leash. NO dog will be considered for the daycare program if he/she has a history of aggression, intense fear or high anxiety, over reacts to visual or auditory stimulation, poor obedience, or is unable to control barking in a high stimulated environment
- All dogs must be comfortable in a crate for naptime (demand or stress barking will not be permitted)
- ALL dogs must come in for interview prior to acceptance to Oscar's Pet Resort (trial day)
- Healthy Dogs - ALL dogs must and have current DHPP, Rabies and Bordetella vaccinations and proof from veterinarian.
- 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 for each additional dog being assessed). Fees are 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:	Cell Provider:
Email:		
Best way to reach you:		
Veterinarian Office:		
Veterinarian Phone Number:		
Primary Emergency Contact: <i>(List someone other than yourself or spouse)</i>		
Relationship:		Phone Number:
Weekly Frequency of Daycare Needed:		

Your Dog

Please submit one application for each dog.

Dog's Name:		Breed: (If a mix, list two predominant breeds)	
Date of Birth:		Current Age:	
Color:	Weight:	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	
Neutered/Spayed?			
How long have you owned your dog?			
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 of 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 box below) <input type="checkbox"/> Other (please describe) _____			
<i>Only complete if you answered yes to "Dismissed from a prior dog daycare or social playgroup 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 was 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 physical disabilities? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain disability & cause:	
If yes, what restrictions need to be placed on your dog's activities or movements? <input type="checkbox"/> No jumping <input type="checkbox"/> No running <input type="checkbox"/> No hard play <input type="checkbox"/> No contact with other dogs <input type="checkbox"/> Other (<i>please explain</i>)	
Does your dog have any medical conditions? <input type="checkbox"/> Yes <input type="checkbox"/> 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: <ul style="list-style-type: none">• Type (kibble, canned, raw/natural):• Brand (Iams, Blue Buffalo, Purina, etc.):• Feeding Schedule:	
Does your dog have any allergies? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, details:	
Does your dog have any dietary restrictions? <input type="checkbox"/> Yes <input type="checkbox"/> 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 is 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: <ul style="list-style-type: none"><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 play time with human or other dogs.<input type="checkbox"/> Moderate Exerciser: Long or multiple walks daily and/or regular playtime with human or other dogs<input type="checkbox"/> Athlete: Regular jogs/runs and/or regular participation in dog sports 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

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?
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 If yes, which type? <input type="checkbox"/> Male & Females <input type="checkbox"/> Only males <input type="checkbox"/> Only females	
Please describe size, breed, and temperament of the other dogs.	
Does your dog play on leash, off leash, and how many dogs (i.e. group of dogs, one-on-one)	
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 toy?	

Which commands does your dog know? (please check all that apply)

- Sit Stay Down Come Heel Leave it Rollover Kisses High Five
 Other: _____

How did your dog get his/her obedience training? (please check all that apply)

- Attended one group class
 Attended more than one level of group classes (beginner, intermediated, etc.)
 Dog was sent to a board and train program
 Private sessions
 Other, please explain:

Which of the following best describes the use of obedience cues with your dog at home?

- 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

What kind of collar do you use to walk your dog?

- Buckle Collar Nylon/Chain Choke Collar Harness – Leash on Back Harness – Leash on Front
 Gentle Leader Prong/Pinch Collar Other: _____

Is it effective in keeping him/her under control? Yes No

Has your dog ever gotten away from you or someone when out for a walk? Yes No

If yes, please explain: _____

Has your dog ever jumped up on someone? Yes No

If yes, please explain: _____

How does your dog act when you get home at the end of the day?

Where does your dog sleep?

- Inside the house Outside the house Inside/Outside varies

Is your dog crate trained?

What does your dog sleep on?

- Crate Owner's Bed Dog Cushion/Bed on floor
 Other:

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:

- Mouthing:
 Housetraining:
 Barking:
 Digging:
 Ignoring Commands:

Does your dog know any tricks? Yes No

If yes, please explain:

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, please explain:
Has your dog ever bitten a person? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain:
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, please explain and 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:
How would you describe the energy level of your dog? <input type="checkbox"/> Low <input type="checkbox"/> Medium <input type="checkbox"/> High
Has your dog ever chased or tried to chase a small animal? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain:
Has your dog ever chased or tried to chase someone on a skateboard or bicycle? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain:
If your dog frightened or nervous around anything else? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain:
Does your dog play with any toys? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, what kinds of toys:
Has your dog ever growled or snapped at a person who has taken food or toys away from them? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain:
Has your dog ever growled or snapped at another dog who has taken food or toys away from them? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain:
Have you ever noticed your dog stopping and staring at another animal? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain:
Other comments or information about you dog that you fell might be helpful?

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 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 provide 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.