



### Enrollment Form

399 Gundersen Dr.  
Carol Stream, IL 60188  
P: 630-690-0281  
F: 630-690-0284

#### Owner Information

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Cell: ( ) \_\_\_\_\_ Home: ( ) \_\_\_\_\_ Work: ( ) \_\_\_\_\_  
Email: \_\_\_\_\_  
Emergency Contact: *(if we cannot reach you)*  
Name: \_\_\_\_\_  
Phone: ( ) \_\_\_\_\_ Relationship: \_\_\_\_\_

#### Pet Information

*(All dogs over 6 months old must be spayed/neutered to attend)*

1. Name: \_\_\_\_\_  
Breed: \_\_\_\_\_  
Gender: Female Male  
Status: Spayed Neutered Unaltered  
Birthdate: \_\_\_\_\_ Color: \_\_\_\_\_ Weight: \_\_\_\_\_

#### Medical Information

Veterinarian / Hospital Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Phone: ( ) \_\_\_\_\_ Fax: ( ) \_\_\_\_\_

1. Is your dog allergic to anything? \_\_\_\_\_
2. Does your dog have any dietary restrictions? \_\_\_\_\_
3. Does your dog have any health issues or medical conditions? If so, what? \_\_\_\_\_  
\_\_\_\_\_



4. Any past surgeries or injuries? \_\_\_\_\_
5. What type of Flea and Tick preventative is your dog on? \_\_\_\_\_  
Date it was last administered: \_\_\_\_\_
6. Is your dog on medication? yes no  
Are there any side effects we should be aware of? \_\_\_\_\_

Medication Name	Purpose of Medication	Time Taken	Dosage / Amount Given

7. Are there any sensitive areas on your dogs body? \_\_\_\_\_
8. Does your dog have any bathroom related issues or concerns? \_\_\_\_\_
9. Is your dog on a grain or gluten free diet? Yes No
10. When do you feed your dog? \_\_\_\_\_
11. If we are having trouble getting your dog to eat while boarding, can we use any of the following to entice them to eat? (Circle yes or no for each choice please!)
- Peanut Butter Y / N Broth Y / N Canned food Y / N Parmesan Cheese Y / N
12. Treats: Any are okay Only their own

#### Pet History

1. Where did you get your dog? \_\_\_\_\_
2. How long have you had your dog? \_\_\_\_\_
3. If your dog is a rescue, do you have any information about the dog's history?  
\_\_\_\_\_
4. Why are you considering our open play daycare? (Circle all that apply)  
To play with other dogs So they're not home alone  
Exercise Recommended by pet professional (trainer, vet); Reason \_\_\_\_\_
5. Which commands does your dog know? (Circle all that apply)  
Sit Stay Down Come Heel Rollover Shake  
Other: \_\_\_\_\_
6. Is your dog currently in training now? Yes No
7. Has your dog had training in the past? Yes No  
Was the training for basic obedience or something specific? \_\_\_\_\_
8. Do you know of any behavioral problems your dog has? (i.e. excessive barking, jumping, nipping, etc.) \_\_\_\_\_



9. Has your dog ever attended another daycare or boarding facility? Yes No  
 If yes, why don't they attend anymore? \_\_\_\_\_  
 Moved Dismissed Didn't care for the facility Wanted to try another facility  
 If your dog was dismissed, what was the reason? \_\_\_\_\_
10. If your dog attended another facility what was the name and location? \_\_\_\_\_  
 Do we have your permission to call them for a reference if needed? Yes No
11. Does your dog have any experience with other dogs if they've never been to a daycare?  
 \_\_\_\_\_
12. What other pets are in your household? \_\_\_\_\_  
 Does your dog get along with your other pet(s)? Yes No
13. Has your dog ever experienced anything traumatic? \_\_\_\_\_  
 \_\_\_\_\_
14. Has your dog ever been in a fight with another dog? Yes No  
 If yes, when? \_\_\_\_\_ Any Injuries? \_\_\_\_\_  
 How did it happen? \_\_\_\_\_
15. How does your dog react when approached by other dogs? \_\_\_\_\_  
 \_\_\_\_\_
16. How does your dog react to other dogs that are either smaller or bigger than them?  
 \_\_\_\_\_
17. Are there any breeds of dogs your dog dislikes? \_\_\_\_\_
18. How does your dog react to puppies? \_\_\_\_\_
19. Has your dog ever bitten anyone? Describe Situation. \_\_\_\_\_  
 \_\_\_\_\_
20. Does your dog generally like other people? Yes No
21. Are there any kinds of people (i.e. children, men with beards, etc.) that your dog automatically fears or dislikes? \_\_\_\_\_
22. How does your dog react to a stranger coming in your house/yard? \_\_\_\_\_  
 \_\_\_\_\_

### Pet Temperament

1. Which traits describe your dog? (*circle all that apply*)

Outgoing Timid Pushy Affectionate Submissive Insecure Excitable Playful  
 Gentle Quiet Territorial Dominating Loud Anxious Possessive

2. Which of the following best describes your dog's socialization level with other dogs?  
 None - no knowledge of other dog interaction Minimal - On leash encounters only  
 Moderate - Some off-leash playtime on occasion with visitor's/neighbor's/friend's dog  
 Extensive - Regular visits to dog social events, off leash dog parks, dog daycare, etc.



3. Are there any situations that your dog may become unfriendly or aggressive? (i.e., grabbing collar, hugging, touching certain body parts, etc.) \_\_\_\_\_
4. If your dog becomes unfriendly he/she gives what warnings? \_\_\_\_\_
5. Does your dog become nervous or scared by anything specific? \_\_\_\_\_
6. What calms or soothes your dog if they are nervous? \_\_\_\_\_
7. Is your dog sensitive to noises? Yes No Anything specific? \_\_\_\_\_
8. What is your dog's activity level? Low Medium High
9. What kinds of activity/exercise is your dog used to? \_\_\_\_\_
10. Does your dog have any activity/exercise restrictions? \_\_\_\_\_
11. Do they like playing with toys? Yes No  
If yes, what do they play with? \_\_\_\_\_
12. Has your dog shared food / toys / water with another dog? Yes No
13. Does your dog growl/become possessive of food or toys towards other dogs? Yes No
14. Has your dog ever snapped at a person who has taken their food or toys away? Yes No
15. Does your dog like to be bathed? Yes No Neutral
16. Does your dog like to be brushed? Yes No Neutral
17. How does your dog react to having their nails clipped?  
Neutral Scared Pulls away Bites Other: \_\_\_\_\_
18. What is your dog's reaction to riding in a car? Enjoys it Dislikes it Neutral
19. Does your dog need to be crated for car rides? Yes No
20. Is your dog crated when you are not home? Yes No
21. Where does your dog sleep? \_\_\_\_\_
22. Has your dog ever tried to jump a fence? Yes No
23. Is there any other information about your dog's temperament or any other social issues we should be made aware of? \_\_\_\_\_

How did you hear about Camp Ruff It? \_\_\_\_\_

If you heard from a friend/neighbor who comes to Camp Ruff It, what is their name or dogs name? \_\_\_\_\_

The undersigned guardian hereby warrants and represents that the information provided on this form is true and correct and that no information has been omitted that may change Camp Ruff It's decision to accept my dog for daycare and boarding. My dog has not been exposed to rabies, canine cough or other communicable diseases within a 30 day period prior to boarding for daycare and all vaccinations are current and will be maintained as outlined in the terms and conditions.

Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_