



# DAY-STAY CRÉCHE INFORMATION FORM

## DOG'S SERVANT INFORMATION

Name: .....  
Address: .....  
.....  
..... Post Code: .....

Phone: .....  
Mobile: .....  
Work: .....  
Email: .....

## EMERGENCY CONTACT DETAILS (Of person(s) authorised to pick up your dog)

**Name 1:** .....  
Relationship To You: .....  
Home Tel: .....  
Mobile: .....  
Work Tel: .....  
Collection Password: .....

**Name 2:** .....  
Relationship To You: .....  
Home Tel: .....  
Mobile: .....  
Work Tel: .....  
Collection Password: .....

## DOG'S GENERAL INFORMATION

Name: .....  
Breed: .....  
Colour/markings: .....  
.....  
Sex/Gender: .....  
Date Neutered/Spayed: .....  
Age: .....  
Birthday: .....  
Weight: .....  
Micro Chip No: .....

## DOG'S FEEDING INFORMATION

Food Brand: .....  
Food Type: .....  
Daily Quantity: .....  
Split Into How Many Feeds Per Day: .....  
Quantity Per Feed: .....  
Additional/Special Instructions: .....  
.....  
.....  
.....

## DOG'S REWARD INFORMATION

Is your dog allowed to eat treats? Y / N

Where does your dog like to rest?

Comments: .....

.....

.....

Favourite activities: .....

.....

Does your dog enjoy touch and petting? Y / N

Favourite toys (list in order of preference):

Describe: .....

.....

.....

.....

.....

.....

## DOG'S WEEKLY SCHEDULE

What is your dog's current routine? (Please fill out table including feeding, walking, training, park exercise etc.)

DAYS	7am - 9am	9am - 12pm	12pm - 4pm	4pm - 6pm	6pm - 8pm	8pm - 12am
MONDAY						
TUESDAY						
WEDNESDAY						
THURSDAY						
FRIDAY						

## DOG'S PREVIOUS CARERS

Who else has looked after your dog (day time or overnight)? Please tick.

Friends ..... Relatives ..... Kennels ..... Pet Boarding Service ..... Other Day Care .....

Any Problems (i.e. going off food)? Please give details: .....

.....

.....

.....

## DOG'S HISTORICAL INFORMATION

How long have you owned your dog? .....

Where did he/she come from (breeder, shelter etc.)?  
.....

If you are not the dog's first home, do you have any of your animal's history? Y / N

If yes to the above, please give details:  
.....  
.....

Is your dog house trained (toileting)? Y / N  
.....

Comments: .....  
.....

Have you ever taken your dog to obedience/dog training classes? Y / N

Which commands does your dog understand?  
.....  
.....

Has your dog ever used a crate? Y / N

At present? Y / N

Details of any issues: .....  
.....

Does your dog walk on a lead? Y / N

At present? Y / N

Details of any issues: .....  
.....

Does your dog walk on a lead? Y / N

Does he/she pull on the lead? Y/N

Does he/she try to slip collar or get panicky? Y / N

Is your dog afraid of any specific noises, situations or items? Y / N

Details of any issues: .....  
.....  
.....

## DOG'S HEALTH INFORMATION

Vet's Surgery Name: .....

Vet's Name: .....

Surgery Address: .....  
.....

..... Post Code: .....

Surgery Tel. No.: .....

Does your dog have any medical or health conditions/injuries? Y / N

If yes, please give full details: .....  
.....  
.....

Is your dog currently on any medications? Y / N

Please give full details: .....  
.....  
.....

**If your medication has to be administered during your dog's stay at Bonnyton Farm, please for and complete a 'Permission Granted Med' form. Additional information and a letter may be required from your vet.**

Do you currently treat your dog with any flea treatment? Y / N

If yes, please give full details: .....  
.....

Is your dog allergic to anything? Y / N

If yes, please give full details: .....  
.....

**OFFICE USE ONLY:** Has a current vaccination certificate been seen and a copy attached? Y / N If YES, date:

## DOG'S PERSONALITY & TEMPERAMENT INFORMATION

Describe your dog's personality  
(please tick all that apply)

Calm ..... Shy ..... Submissive .....

Playful ..... High Energy ..... Dominant .....

Polite ..... Boisterous ..... Low Energy .....

Lazy ..... Inquisitive ..... Aloof .....

Attention Seeking .....

More to say: .....

.....

.....

Has your dog ever bitten a person, dog  
or other animal? Y / N

(Please note that this will not necessarily prevent your dog from staying)

If YES, please give details: .....

.....

.....

Has your dog ever growled at or shown aggressive  
behaviour towards people, strangers or children? Y/N

If YES, please give details: .....

.....

.....

Does your dog socialise/play with other dogs  
on a regular basis? Y / N

Are these always the same dogs? Y / N

Please give details of the frequency and location  
of your dog's socialisation:

.....

.....

.....

Has your dog ever shown aggression around  
other dogs? Y / N

If YES, please give details: .....

.....

.....

Which of the following behaviour does your dog  
exhibit? (Please tick all that apply)

Mouthy/Bites ..... Digs .....

Eats Poop ..... Chews Furniture .....

Eats Stones ..... Highly Strung .....

Jumps Fences ..... Escape Artist .....

Timid ..... Toy Possessive .....

Food possessive .....

Jumps up on people .....

Barks Excessively .....

Chews Excessively .....

Nervous in absence .....

Runs away .....

Fears loud noises .....

Growls at strangers .....

Destroys toys/clothing .....

Does not obey instruction .....

Are there any specific types of people, animals or  
situations that your dog dislikes/fears? Y / N

If YES, please give details: .....

.....

.....

Does your dog exhibit any extreme fears  
or phobias? Y / N

If YES, please give details: .....

.....

.....

Anything else we should know? (Last chance) Y / N

If YES, please give details: .....

.....

.....

Are you happy for your dog to be off the lead in our  
dog run field? Y / N

To the best of my knowledge, the information that I have provided on this form is accurate and true.

Owner's Signature: .....

Owner's Name (please print): .....

Date: .....