



333 North Bedford Road
Mt. Kisco, NY 10549

Phone: 914-218-8258
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Website: ckatthepark.com

APPLICATION

Owner Information

Date _____

Name _____

Home phone _____

Address _____

Work phone _____

Cell phone _____

Email _____

Services Interested In

Daycare Boarding Grooming Training Puppy Playgroup

How did you hear about us? _____

Emergency Contact Information

Spouse/Significant Other

Someone Outside Immediate Family

Name _____

Name _____

Phone _____

Phone _____

Relationship _____

Veterinarian Information

Hospital _____

Doctor _____

City/State: _____

Phone _____

Play more. Sleep well. Wag often!



Dog Information

General

Name _____

Primary Breed _____

Color _____

Sex _____ Male _____ Female

Neutered/Spayed ____ Yes ____ No

Birth Date _____

Weight _____

Where did you get your dog? _____

How long have you had your dog? _____

Other Household Pets

<i>Species</i>	<i>Sex</i>	<i>Neutered</i>	<i>Age</i>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Medical History

Please attach a copy of your most recent veterinarian vaccine records showing proof of Rabies vaccine, DHLPP (distemper) vaccine, Bordetella (Canine cough) vaccine and a Fecal exam.

Type/frequency of flea/tick preventative _____

Please list below any current or past medical problems/treatments or allergies



Behavior

Has your dog ever . . .

Been to obedience class? _____ Yes _____ No

Been socialized to other dogs? _____ Yes _____ No

Jumped a fence? _____ Yes _____ No

Had to share food/water/toys with other dogs? _____ Yes _____ No

Growled at a person? _____ Yes _____ No

Growled at another dog? _____ Yes _____ No

Bitten a person? _____ Yes _____ No

Bitten another dog? _____ Yes _____ No

Other Information

What do you hope to achieve for you and your dog by utilizing our services?

Is there anything else you would like to share with us about your dog?

(Version 1.0)