



**Camp for Canines**  
23 West Main Street · Marlton, NJ 08053

**Application for Enrollment**

Owner's Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

E-Mail: \_\_\_\_\_

Employer: \_\_\_\_\_ Employer Phone: \_\_\_\_\_

Employer Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**Emergency Contact Information**

Primary Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Relationship: \_\_\_\_\_

Secondary Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Relationship: \_\_\_\_\_

Veterinarian: \_\_\_\_\_ Phone: \_\_\_\_\_

Vet's Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Hours: \_\_\_\_\_

**Pet Information**

Dog's Name: \_\_\_\_\_ Breed: \_\_\_\_\_ Age: \_\_\_\_\_

Circle: Sex: M / F  Neutered: Yes / No  Spayed: Yes / No  Years owned: \_\_\_\_\_

Where did you get your dog? \_\_\_\_\_

Township Dog License #: \_\_\_\_\_



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Please provide information about other pets in your home:

Species                      Breed                      Sex (M/F)                      Age                      Altered (Yes/No)

Describe how your dog gets along with other animals in your household: \_\_\_\_\_

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**Pet Behavior**

Has your dog ever bitten anyone? (circle) Y / N  If yes, please explain circumstances: \_\_\_\_\_

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Has your dog ever growled or snapped when food or toys were taken away? (circle) Y / N

Has your dog had formal obedience training? (circle) Y / N

Are you currently crate training? Y / N  If no, has your dog ever been crate trained?

**Health & Grooming**

Please describe your dog's health problems (if any): \_\_\_\_\_

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Do you currently use flea protection for your dog? (circle) Y / N

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



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**Other**

What holiday do you celebrate? (Check One)

Christmas \_\_\_\_\_ Hanukkah \_\_\_\_\_ Other \_\_\_\_\_ None \_\_\_\_\_

Your dog's date of birth? \_\_\_\_\_

Please provide any other information that will help in caring for your dog: \_\_\_\_\_

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How did you hear about Dog Days Daycare? (Please fill-in)

Referral: \_\_\_\_\_ Website: \_\_\_\_\_ Ad: \_\_\_\_\_

Drive by: \_\_\_\_\_ Other: \_\_\_\_\_

**Owner's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_