



Daycare Registration Form

6730 Cascade Rd. SE, Grand Rapids, Mi. 49546
616-949-0960 fax: 616-949-2688 www.chfa.net

Getting to know your dog's Human/Dog interactions:

Has your dog been in daycare before? Yes or No When: _____ How often: _____

Does your dog get along with other dogs? Yes or No, Unsure

What interaction has your dog had with other dogs?

How does your dog react to puppies? _____

How does your dog react to smaller dogs? _____

How does your dog react to larger dogs? _____

Has your dog ever had any obedience training? Yes or No If yes, please describe

Has your dog ever bitten anyone? Yes or No If yes, please describe

Has your dog ever growled at you or anyone else? Yes or No If yes, please describe _____

How is your dog with strangers? _____

Does your dog jump on you or strangers? _____

Does your dog share toys well with other humans? Yes or No Other dogs? Yes or No, Unsure

Getting to know your dog's medical information:

Does your dog take any medications? Yes or No If yes, please list

Does your dog have any allergies? Yes or No If yes, please list

Does your dog have any past or present injuries? Yes or No If yes, please describe

Does your dog have any scars or skin conditions? Yes or No If yes, where and what

Getting to know your dog's household behaviors:

How long has your dog been in your household? _____

Are there multiple dogs in your household? Yes or No

Is your dog housetrained? Yes or No

Does your dog show any destructive behaviors at home?

What type of toys does your dog play with at home? _____

Has your dog ever jumped or climbed a fence? Yes or No If so, how high? _____

Getting to know your dog's personality traits:

Does your dog bark a lot? Yes or No

Does your dog put its mouth on you? Yes or No If so, in what manner _____

Is your dog scared of anything? Yes or No If yes, please list

Is there anywhere your dog likes/dislikes to be touched?

Is your dog aggressive on the leash? Yes or No

What else would you like us to know about your dog?
