

Ladies & Tramps Dog Camp Start-Up Packet  
Daycare Application

Your Name\_\_\_\_\_

Address\_\_\_\_\_

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

Home Phone ( )\_\_\_\_\_ Work ( )\_\_\_\_\_

E-mail\_\_\_\_\_

**IN CASE OF EMERGENCY (CONTACT)**

Name\_\_\_\_\_

Home Phone ( )\_\_\_\_\_ Work ( )\_\_\_\_\_

**VETERINARIAN**

Name \_\_\_\_\_ Phone ( )\_\_\_\_\_

Address\_\_\_\_\_ City\_\_\_\_\_ State\_\_\_ Zip\_\_\_\_\_

**PET INFORMATION**

Name\_\_\_\_\_ Sex M / F Spayed / Neutered Yes / No

Age\_\_\_\_\_ Birthday \_\_\_\_\_ Breed\_\_\_\_\_

Color\_\_\_\_\_ Distinct Markings\_\_\_\_\_

Weight\_\_\_\_\_

Are they chewers of inappropriate items (beds, stuffed toys, etc)\_\_\_\_\_

Feeding Schedule\_\_\_\_\_

Brand and type of food\_\_\_\_\_

Is your dog allowed treats\_\_\_\_\_

Are there any other dogs in the household? (Breed / Age)

\_\_\_\_\_  
\_\_\_\_\_

How does your dog react to other dogs

\_\_\_\_\_  
\_\_\_\_\_

Has your dog ever been in a fight or bitten another dog\_\_\_\_\_

What known behavioral problems does your dog have\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Any health concerns that you know about\_\_\_\_\_

Any medical restrictions on activities\_\_\_\_\_

Is your dog on any current medications\_\_\_\_\_

Time and instructions for treatment\_\_\_\_\_

Is your dog on any flea and tick preventative (Brand / Frequency)\_\_\_\_\_

Has your dog ever been in daycare before? Yes No How often?\_\_\_\_\_

Has he/she been socialized besides regularly seen dogs? Yes No

If intact when was the last heat?\_\_\_\_\_

Has he/she ever bred? Yes No

How did you hear about Ladies and Tramps?\_\_\_\_\_

Have they ever hunted? Yes No