

Stonebridge Kennels

6142 Burr Oak Rd.
Roscoe, IL 61073
815-623-3000
stonebridgekennels.net

Doggie Day Care Program Application for Evaluation/Enrollment

Pet Information:

1. Name: _____ Breed: _____ Age: _____ (min. age 4 months)

Circle: male / female Formal training: yes / no Weight: _____ lbs

Allergies: _____ Medical conditions: _____

Will medications be administered by staff during day care hours? yes/ no (Please include instructions.)

List special requests/needs: _____

Is this dog allowed treats? yes / no Has this dog been crate trained? yes / no

Has this dog ever bitten another dog, person, or animal? yes / no

If "yes", explain: _____

What flea/tick preventative is your pet on? _____ Last dose: _____

2. Name: _____ Breed: _____ Age: _____ (min. age 4 months)

Circle: male / female Formal training: yes / no Weight: _____ lbs

Allergies: _____ Medical conditions: _____

Will medications be administered by staff during day care hours? yes/ no (Please include instructions.)

List special requests/needs: _____

Is this dog allowed treats? yes / no Has this dog been crate trained? yes / no

Has this dog ever bitten another dog, person, or animal? yes / no

If "yes", explain: _____

Additional helpful info: _____

3. Name: _____ Breed: _____ Age: _____ (min. age 4 months)

Circle: male / female Formal training: yes / no Weight: _____ lbs

Allergies: _____ Medical conditions: _____

Will medications be administered by staff during day care hours? yes/ no (Please include instructions.)

List special requests/needs: _____

Is this dog allowed treats? yes / no Has this dog been crate trained? yes / no

Has this dog ever bitten another dog, person, or animal? yes / no

If "yes", explain: _____

Additional helpful info: _____

Owner Information:

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Home Phone: _____ Work Phone: _____ Cell: _____

Email: _____

Emergency Contact:

Name: _____ Relationship: _____

Home Phone: _____ Work: _____ Cell: _____

List person(s) authorized to pick up your dog(s) if you can't:

Name: _____ Phone: _____

Name: _____ Phone: _____

Name: _____ Phone: _____

Veterinarian Information:

Dr. Name: _____

Facility Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____

Proof of current vaccinations (Distemper, Parvovirus, Rabies, Bordetella, Leptospirosis, and Parainfluenza) MUST be provided BEFORE you dog is evaluated. A current fecal exam must also be provided. You may bring the records in, mail them, or have your vet fax them to Stonebridge Kennels.

Pets arriving for evaluation and/or doggie day care with fleas/ticks will be bathed at your expense (\$30.00 minimum).

Once this application is reviewed, we will contact you to schedule an evaluation of your dog(s).

I, the pet owner, state that all the information contained in this application is true. I understand that not all dogs are suitable for evaluation and/or doggie day care. I understand that for any reason, and without notice, Stonebridge Kennels may exclude my dog(s) from doggie day care.

Signed: _____ Date: _____