



NORTH SHORE  
**doggy DAYCARE**  
Play. Make friends. Nap. Play.

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## First Day Checklist

Pet name: \_\_\_\_\_

General information: How long have you owned your pet? \_\_\_\_\_

If adopted, do you have any knowledge of your pet's past history? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Spayed or neutered? Yes No If so, when? \_\_\_\_\_

**Health:** Feeling good and healthy? Yes No If no, what restrictions need to be placed on your pet's activities or movements? \_\_\_\_\_

Anything contagious? Yes No Cleared by vet? Yes No

Does your pet have any allergies? \_\_\_\_\_

**Behavior:** Has this pet ever been in a kennel crate? Yes No

If yes, were they OK in the kennel? Yes No

Is your pet toy-possessive? Yes No

Is your pet food- or bone-possessive toward people or other dogs? Yes No

Has your pet ever had any formal obedience training? Yes No

Has your pet ever climbed/jumped a fence? Yes No

Is your pet friendly with strangers? Yes No

Have you ever taken your pet to any pet parks? Yes No

Is your pet friendly with other pets? Yes No (Is your pet is shy or aggressive? Circle one.)

I further certify that this pet has not harmed or shown aggressive or threatening behavior towards any person or any other pet.

Vaccinations: Distemper Group expiration: \_\_\_\_\_

Rabies expiration: \_\_\_\_\_

Bordatella expiration: \_\_\_\_\_

Monthly Vet approved flea treatment (FrontLine) applications are necessary for stay.

Signature of owner \_\_\_\_\_ Date: \_\_\_\_\_

Client: Please fax, mail or bring this form on your next NSDD visit. Also please bring a copy of your pet's veterinarian vaccination form along with a copy of your FrontLine receipt for your records. 414.352.2272 is our fax number.