

Diamond Creek LLC

Play Care Application

Please use a separate form for each pet

Owner's Name(s): _____

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

Best number to reach you: _____ Email: _____

Dog's Name: _____ Breed/Breed Mix/Species: _____

Sex (M/F): _____ Color: _____ Date of Birth: _____ Weight: _____ Neutered/Spayed? _____

Veterinarian: _____ Phone number: _____

How did you find out about Diamond Creek? _____

Where did you obtain this dog? _____ At what age? _____ Are you the 1st owner Y/N _____

If not the first owner, were you provided with any background information? Y/N _____

Is this dog a rescue? _____ How long in rescue? _____

Was it a stray or turned in? _____ At what age? _____

Any known allergies i.e. shampoos, perfumes, types of food etc.? _____

Please also list if owner is allergic to any of the listed items and indicate "owner allergy"

Please list any pre- existing or recurring medical conditions (i.e. ear infections, tick borne diseases, hip dysplasia, bloat surgery, ACL repairs): _____

Does your dog have any medical restrictions on exercise/play? Y/N _____
If Yes, please explain: _____

Is your dog sensitive about having any part of their body touched? Y/N. If Yes, please describe: _____

Does your pet have reactions to any of the following situations (Circle all that apply):

- Thunder Storms
- High Winds
- Extreme temperature (heat/cold)
- Fireworks/Loud noises

Has your dog ever bitten or nipped someone: Y/N _____

Are there any behavioral concerns that we should be made aware of? YES / NO If yes, please explain: _____

Are there any food possession/toy possession issues?
 NO YES, with other animals YES, with humans YES - with both animals & humans

Are there any types of people your dog automatically fears or dislikes? (men, uniforms, etc)? Y/N _____

Has your dog ever succeeded to jump over, dig under or break through any kind of fencing? Y/N: _____

Has your dog had interactions with other dogs that don't reside with you? Y/N If yes, please describe behavior: _____

Is your dog acclimated to crating at home? Y/N _____

Has your dog eat foreign objects? (rocks, acorns, toys) Y/N _____ If yes, has your dog ever had surgery due to eating foreign objects? Y/N _____

Tell us about your pet, what should we know so that we may provide the best experience for him/her?: _____