

Enrollment Application Form

D.Tails, LLC
Dog Play School
4 Center Road—Unit 4
Old Saybrook, CT 06475

860-388-1819
860-434-1212

Dear Dog Owner,

Welcome to D.Tails Dog Play School! D.Tails looks forward to offering your beloved pet a safe, enjoyable, and interesting social environment during your weekday business hours. We provide training, supervised play, exercise, naps, daily walks, and other activities for socializing with other pets and our friendly staff.

Enclosed, please find the information and forms required for you to register your pet with D.Tails. There is a one-time, \$10.00 non-refundable application processing fee for each pet.

To enroll, please fill out the enclosed forms and return them to D.Tails, 4 Center Road, Unit 4, Old Saybrook, CT 06475 along with proof of vaccinations and a check or money order for \$10.00 for each pet. You may enroll through the mail or drop off your forms in person. Once we receive your enrollment form, proof of vaccinations, and enrollment fee, we will review your paperwork and call to schedule a time to meet you with your pet(s).

If you have further questions, please contact us at (860)-388-1819, or stop by D.Tails, LLC to visit us in person. We are open Monday through Friday from 6:30 a.m. to 6:00 p.m. We look forward to meeting you!

Donna Bennett
D.Tails, LLC

**D.Tails, LLC
Pet Personality Profile**

General Information

Owner's Last Name: _____

Pet's Name: _____

How did you hear about D.Tails? _____

Dog's Name: _____ Date you acquired your dog: _____

Dog's breed, sex, and age: _____

Is your dog spayed/neutered? _____ If so, at what age was this done? _____

Where did you get your dog? _____

If adopted, do you have any knowledge of your dog's history? List any pertinent information:

Training

Has your dog ever had formal obedience training? _____ If yes, when and where?

What commands does your dog know? _____

What skills does your dog have already that you would like to improve upon? _____

Is there anything new that we can help teach your dog? _____

Please add any other information that will help us understand and meet your dog's needs:

Health and Grooming

Does your dog have a problem with fleas? _____ Allergies? _____

Does your dog have hip dysplasia? _____ If yes, please list restrictions placed on your dogs activities and movements: _____

List any medications your dog takes on a regular basis: _____

Does your dog like to be brushed? _____

How does your dog react to have his/her nails clipped? _____

Does your dog have any sensitive areas on his/her body? _____

Where are your dog's favorite petting spots? _____

Behavior

Does your dog like children? _____ How does your dog behave around children? List any pertinent information:

Are there other animals in your household? If so, please list type, sex, and age of each:

How does your dog get along with the other animals in your household?
List any pertinent information:

Does your dog act afraid of any specific items or noises? If so, please explain:

How does your dog react to strangers coming into your home or yard?

Does your dog ever bark or growl at anyone passing outside your home or yard? _____

Are there any kinds of people your dog automatically fears or dislikes (ie, people with uniforms or hats)? _____

Are there any kinds of dogs your dog automatically fears or dislikes? _____

How does your dog react to puppies and small dogs? _____

Has your dog ever:

Growled at someone? _____ Explain the circumstances: _____

Bitten someone? _____ Explain the circumstances: _____

Please explain any problems your dog(s) has/have in the following areas:

Mouthiness: _____ Houstraining: _____

Barking: _____ Digging: _____

Jumping: _____ Running away from you: _____

Other: _____

Has your dog ever growled or snapped at anyone who has taken food or toys away from him/her? _____ Explain the circumstances: _____

Does your dog share food/toys with other animals? _____ Play with other dogs? _____

What toys and/or games do your dog(s) enjoy? _____

D.Tails,LLC

Owner's Last Name: _____

Pet's Name: _____

FOR OFFICE USE ONLY

Enrollment Form ____ Enrollment fee ____ Shots ____ Staff Screened ____

Computer Entry ____ Bin Made ____ Folder made ____ First Day _____

EMERGENCY CONTACT INFORMATION

Owner Information

Name: _____

Address: _____

Email: _____ Cell Phone: _____

Home Phone: _____ Work Phone: _____

Emergency Contact

Name: _____

Home Phone: _____ Work Phone: _____

Cell Phone: _____

Pet Information

Name: _____ Breed: _____ Sex: _____

Birthdate: _____ Weight: _____

Medications: (Please list name and purpose for each medication your pet takes)

Veterinarian

Name: _____

Address: _____

Phone: _____