

Shamrock Ranch Play Time
Shamrock Ranch
Pacifica, California 94044
Tel: (650)359-1627
ShamrockRanchKennels.com

Application for Play Groups

Parent Information

Parent Name(s) _____ Date _____
Address _____
City/State/Zip _____
Home Phone _____
Cell Phone _____
Work Phone _____
Email Address _____
Is Email a good way to contact you? Yes No
Emergency Contact _____ Phone _____
Who is authorized to pick up your pet from Shamrock Ranch? _____

How did you hear about Shamrock Ranch? _____

Pet Information

Dog's Name _____ Sex Male Female
Birth Date (or a date when we can celebrate) _____
Breed _____ Color _____
Weight _____ Spayed / Neutered? Yes No

Pet Behavior: Please explain as well as you can, every detail will help us make the best decisions in caring for your pet!

How long have you had your dog? _____

Where did you get your dog? _____

At what age was your dog neutered or spayed? _____

Has your dog been through any obedience training? _____

What commands does your dog respond to? _____

Is your dog allowed to run free off leash? _____

Has your dog ever jumped over a fence? _____ If so how high? _____

Do you have children at home in contact with the dog? _____

Describe how your dog gets along with other dogs when you are out on a walk?

On leash _____

Off leash _____

Is your dog possessive of any toys, food, or other things? Please explain. _____

How does your dog react when a stranger approaches your house? _____

Has your dog ever snapped at person? _____ An animal? _____

If yes, please explain. _____

What kind of dogs does your dog prefer to play with? For example, very energetic, or gentle dogs? Male or Female?

Is your dog afraid of other types of dogs, and if so which types? _____

How does your dog react to puppies? _____

What type of exercise does your dog participate in on a regular basis?

What is/are the reason(s) you want your dog to participate in doggy daycare?

Veterinarian Information and Health History

Clinic name _____ Preferred Vet _____

Address _____

City/State/Zip _____

Phone _____

*Please provide a copy of your proof of vaccinations with this application. We require: Rabies, Distemper, Parvo, Bordatella, and Corona.

Has your dog had any major operations? If so, please explain. _____

Does your dog have any physical limitations or health issues? _____

What restrictions need to be put on your dog's activity? _____

Does your dog have any allergies? _____

Is your dog on any flea/tick prevention programs? _____

What kind of flea/tick program? _____

Are there any other issues we need to be aware of to provide the best care for your dog?

