



Dog Daycare Profile

Insource Solutions, Inc.
DBA "Unleashed Joy"

Tell us about yourself:

Dog Parent (Name):

Address:

City:

State:

Zip:

Cell Phone:

Home Phone:

Work Phone:

Email:

Additional Dog Parent Name:

Phone:

Emergency Contact(s):

Phone:

Who else is authorized to pick up your dog (Name, Phone Number)?

Veterinarian:

Veterinarian Phone:

Tell us about your dog:

Name:

Breed:

Birth date & Age:

Male / Female

Weight:

Color/Markings or distinguishing characteristics:

Spayed/Neutered: Yes | No If not, when will she/he be spayed/neutered?

How long has your dog been in your family?

Where did you get your dog?

Insource Solutions, Inc. (DBA Unleashed Joy)
2761 Melrose Ave., Woodstock, MD 21163
Beth Joy, Lead Trainer (CPDT-KA, PMCT)
Phone: 410-404-6492 Email: beth@unleashedjoy.com

Are there any other dogs or pets in your house? Please specify species, breed, ages, and gender

How does your dog get along with these other animals in your house?

Has your dog ever growled or snapped at anyone? Explain:

Has your dog growled or snapped at anyone who has taken his food or a high value item from him?
Explain:

Has your dog ever bitten a person or another dog? Explain:

Do visitors bring their dogs to your house? Yes | No
If so, how does your dog get along with the other dogs?

Are there any types of people your dog fears or dislikes?

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

How does your dog react to other dogs outside when walking on leash?

Does your dog play with other dogs on a regular basis?

Does he play with large dogs? Small dogs?

Does your dog play with toys? If yes, what are his favorites?

Is your dog frightened of noises? If yes, what noises?

Is your dog frightened or nervous around anything else?

What is your dog's favorite treat?

Has your dog ever been to a dog park or dog daycare? A boarding facility? If so, how has he done there? Please explain:

Has your dog ever climbed or jumped a fence? Please explain:

If your pet has temperament issues such as shyness, fear or aggression, please describe:

Have you done any training with your dog? If so, please describe the type of training.

What tools have you used with this dog in training? Please circle:

Choke/Prong Collar | E-Collar/E-Fence | Clicker | Treats | Praise | Verbal Correction | Other

What commands or behaviors does your dog know?

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Is your dog crate trained? Yes | No

How does he act when you leave the house? When you come home? Please describe:

Is there anything else we should be aware of?

Check any behaviors that apply to your dog:

- | | |
|--|---|
| <input type="checkbox"/> Aggressive | <input type="checkbox"/> Threatens or bites people or other animals |
| <input type="checkbox"/> Fearful | <input type="checkbox"/> Urinates when excited |
| <input type="checkbox"/> Escapes from yard | <input type="checkbox"/> Anxious or destructive when alone |
| <input type="checkbox"/> Jumps on people | <input type="checkbox"/> Urinates or defecates in house |
| <input type="checkbox"/> Pulls on leash | <input type="checkbox"/> Guards food or objects |
| <input type="checkbox"/> Mouthing/Nipping | <input type="checkbox"/> Excessive barking |
| <input type="checkbox"/> Mounting | <input type="checkbox"/> Chews on inappropriate things |

Please explain any checked items above:

Health & Medications:

Is your dog on any medications? Yes | No

What is your dog's activity level in general (please circle one)?

Low Average High Excessive

Does your dog have/had any medical conditions or health issues? Please describe:

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Any physical restrictions of dog's activity? Please describe:

Current Medications? If so, name them and give reason for them:

Does your dog have any allergies? Please describe:

Food allergies? Please describe:

May we give your dog treats while he is at Daytime Playtime?

Is your dog treated with flea and tick prevention?

We require proof of Rabies, Distemper, Bordetella and CIV vaccinations for all participating dogs. Vaccines must have been given at least 7 days prior to admittance.

* _____ I am aware I will need to fax, email, or drop off copy of the Veterinary Certificate prior to participation. (*Please initial)

Dog Owner's Name (Print)

Dog Owner's Signature

Date

By completing and signing this form, I agree to abide by all Insourced Solutions, Inc. (DBA Unleashed Joy) terms and conditions as specified herein and within the Unleashed Joy dog boarding policies and procedures document.

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