

Aardvark's Dog Training Center

Enrollment Application

Dear Dog Parent:

Thank you for your recent inquiry about our 24 hour dog daycare here at Mare Island Aardvark's. Aardvarks offers 24 hour/ 7 days a week dog care. Whether you need daycare or our overnight care, we are committed to providing a safe, healthy, fun, and stimulating social environment for your dog.

At Aardvark's your dog will not be confined to a kennel run. Dogs are divided into play groups based on size, temperament, and play style. Your dog will enjoy supervised playtime with other dogs and our qualified staff.

Enclosed/attached you will find information and forms you will need to register your dog for our services. **There is a one-time non-refundable Application Processing Fee of \$15.00 for each application.** (This fee will be waived for current Aardvark's clients.)

To enroll, simply fill out the forms and return them along with proof of vaccinations and a \$15.00 payment via check, cash, money order, or credit card. You may enroll through mail, e-mail, or fax; or if you prefer, drop off your application in person.

Once we have your application, proof of vaccinations, and application fee; we will review your paperwork and call to schedule your dog's first day at Daycare . During their first visit your dog will be slowly introduced to the daycare setting. They will be evaluated for temperament and behavior in a group setting. Please note that **all evaluations are by appointment only** Tuesday-Friday and no later than 8am.

Once the dog passes their "evaluation" they are welcome to board and/or attend daycare here at Aardvarks.

If you have any questions, please feel free to contact us at (707) 557-5184. You can also stop by our location during business hours.

Aardvarks Dog Training Center

783 Walnut Ave, Bldg. 533
Mare Island CA, 94592
(707) 557-5184
Fax: (707) 651-9373
Hours: Everyday 6am to 7pm
Email: aardvarksdtc@gmail.com

Aardvark's Dog Training Center

To ensure the safety and health of your pet and our other guests, we require all dogs, and their humans, to comply with the following rules and regulations:

- AGE:** Generally, dogs must be at least 16 weeks of age or older.
- ALTERED:** **All dogs 7 months or older must be spayed or neutered.**
- VACCINATIONS:** All dogs must have up-to-date vaccinations. Owners must submit written proof of Rabies, DHLPP and Bordetella vaccinations.
- HEALTH:** All dogs must be in good health. Owners will certify their dogs are in good health and have not been ill with a communicable condition in the last 30 days. Upon admission, all dogs must be free from any condition which could potentially jeopardize our other guests. Dogs that have been ill with a communicable condition in the last 30 days will require veterinarian certification of health to be admitted.
- BEHAVIOR:** Dogs must not be aggressive. Owners will certify their dog(s) has/have not harmed or shown any aggressive or threatening behavior towards any person or any other dog(s). Please remember, your dog will be spending time with other dogs and the safety and health of all animals is our main concern.
- BREED RESTRICTIONS:** **Unfortunately, some dogs do not do well in the daycare setting due to their play style. However, we treat every dog as an individual. (Traditionally mature Bully Breeds do not do well in this type of setting.)**
- APPLICATION:** All dogs must have a complete, up-to-date and approved application on file. **There is a one-time \$15.00 non-refundable application screening fee.**

Aardvark's Dog Training Center
Payment for all services is due at time of pick up

Services	Hours	Pricing
Full-Day Daycare	6:00am – 7:00pm	\$35.00
		5-Day pass \$165.00 (\$33.00/day)
		10-Day pass \$320.00 (\$32.00/day)
		20-Day pass \$620.00 (\$31.00/day)
Half-Day Daycare	6:00am – 11:30am	\$25.00
Late Pick-ups	7:00pm – 11:00pm	\$3.00/hour
Overnight	5:00pm – 10:00am	\$25.00

Additional same-family pets

Full-Day Daycare	6:00am – 7:00pm	\$25.00
		5-Day pass \$125.00 (\$25.00/day)
		10-Day pass \$200.00 (\$25.00/day)
		20-Day pass \$400.00 (\$25.00/day)
Half-Day Daycare	6:00am – 11:30am	\$25.00
Late Pick-ups	7:00pm – 11:00pm	No charge
Overnight	5:00 pm – 10:00 am	\$20.00

CANCELLED OVERNIGHTS WITH LESS THAN 24 HOURS NOTICE WILL BE CHARGED FULL DEPOSIT AMOUNT

All services must be by scheduled appointments ONLY

**** ALL PASSES ARE NON-REFUNDABLE AND EXPIRE ONE YEAR FROM
DATE OF PURCHASE ****

Aardvark's Dog Training Center

Owner Information

General Information

First Name: _____
 Last Name: _____
 Address: _____
 City: _____ Zip: _____

Home Phone: _____
 Cell Phone: _____
 E-mail: _____

Spouse/Partner

First Name: _____
 Last Name: _____
 Address: _____
 City: _____ Zip: _____

Home Phone: _____
 Cell Phone: _____
 E-mail: _____

Local Emergency

First Name: _____
 Last Name: _____
 Address: _____
 City: _____ Zip: _____

Home Phone: _____
 Cell Phone: _____
 E-mail: _____

Others authorized to pick up

FIRST CONTACT:

First Name: _____
 Last Name: _____
 Home Phone: _____
 Cell Phone: _____

SECOND CONTACT:

First Name: _____
 Last Name: _____
 Home Phone: _____
 Cell Phone: _____

Veterinary Information

Primary Clinic: _____
 Address: _____
 City: _____ Zip: _____

DR. _____
 Phone: _____
 E-mail: _____

HOW DID YOU HEAR ABOUT AARDVARKS DOG TRAINING CENTER?

Please mark all that apply and specify in the appropriate boxes

<input type="checkbox"/>	Aardvarks Client or Friend?	NAME: _____
<input type="checkbox"/>	Veterinary Office:	Monthly Grapevine
<input type="checkbox"/>	Pet Sitter:	Dog Park
<input type="checkbox"/>	Other:	Times Herald

Aardvark's Dog Training Center

Health Certification and Liability Waiver

I, _____ certify that my dog(s) _____ is/are in good health and has/have not been ill with any communicable condition in the last 30 days. I also certify that my dog(s) has/have not harmed or shown aggressive or threatening behavior towards any person or any other dog.

1. I understand that I am solely responsible for any harm/damage to property, people, or other dogs caused by my dog(s) while my dog(s) is/are attending Aardvark's Dog Training Center.
2. I understand and agree that in admitting my dog(s) to the Center, Aardvarks staff have relied on my representation that my dog(s) is/are in good health and has/have not harmed or shown aggressive or threatening behavior towards any person or any other dog.
3. I understand and agree that Aardvarks Dog Training Center and staff will not be liable for any problems that develop, provided reasonable care is given and precautions are followed, and I hereby release them of any liability related to my dog's attendance and participation at Aardvarks Dog Training Center.
4. I understand and agree that dogs can sometimes receive minor cuts and scratches at daycare and any problems that develop with my dog(s) will be treated as deemed best by the staff of Aardvarks Dog Training Center, at their discretion, and **that I will assume full financial responsibility for any expenses involved.**
5. I give permission for Aardvark's DTC to use photo reproduction of my pet(s) in their advertisements, (example: brochures, flyers, website)

I have read, understand, and agree to the above.

Signature of Owner

Date

Aardvark's Dog Training Center

Pet Personality Profile

We love dogs and want your dog to love coming to our off-leash facility. No one knows your dog better than you, so we'd appreciate you taking the time to answer the following questions to the best of your knowledge. The more we know about the dogs in our care, the better our playgroups will be. **Please submit one application for each dog that you would like to enroll to our facility.**

Owners Name:	Date:
Dogs Name:	Breed: <i>If a mix, please list two predominant breeds in behavior:</i>
1. What is the current age of your dog	2. How long have you owned your dog?
3. Where did you get your dog? Breeder Pet Store Newspaper Ad Animal Shelter Animal Rescue Group Friend Craigslis Found as stray Other:	4. Date/Age of Spay or Neuter? (All dogs 7 months or older MUST be fixed)
5. Why are you considering our off-leash dog play program for your dog? (check all that apply) Socialization Play with other dogs So not home alone; Exhibits symptoms of separation anxiety Exercise: Primary source or Additional source of exercise Recommended by other pet professional (trainer, vet, etc.); Reason: _____ Boarding Other:	
6. Which of the following best describes the level of socialization with other dogs: None - No knowledge of other dog interaction Minimal - On leash encounters only Moderate – Some off-leash playtime on occasion with visitor's/neighbor's/friend's dog(s) Extensive – Regular visits to dog social events, off leash dog park, dog daycare,etc.	
7. Has your dog had any problems previously in an off-leash social environment? No Yes (if yes, check all that apply) Altercation or fight at a public dog park Altercation or fight with a neighbor or friend's dog Fearful reaction in a group of dogs Dismissed from a prior dog daycare or social playgroup program Other (please describe):	

Aardvark's Dog Training Center

8. Only complete if you answered yes in #7 that your dog was dismissed from a prior program.
What reason were you given as to why your dog was dismissed?

Check each statement below that applies to the situation that resulted in your dog's dismissal. My
Dog was injured, no medical treatment required
My dog was injured and required medical treatment
Another dog was injured, no medical treatment needed
Another dog was injured and required medical treatment
A person was injured, no medical treatment required
A person was injured and required medical treatment

Provide any other comments you would like us to know about this situation:

9. Please describe your dog's flea/tick control and prevention program:

10. Does your dog have any allergies? Yes No If yes, please explain:

11. Does your dog have any physical disabilities? Yes No
If yes, please explain disability and cause:

Are there any restrictions that need to be placed on your dog's activities or movements because of the disability? No running No hard play No contact with other dogs
No jumping Other (Please explain):

12. Does your dog have any medical conditions? Yes No If yes, please explain:

If medication is used to control this condition, please provide name and dosage

13. Provide details of your dog's diet:

- a. Type (kibble, canned, raw/natural): _____
b. Brand (Innova, Iams, Purina, etc.): _____
c. Primary protein source: _____
d. Feeding schedule: _____
e. Amount: _____

14. On what type of surface does your dog generally go to the bathroom? (grass, mulch, pee pads, etc.)

15. Does your dog have any bathroom-related issues or concerns? Yes No
If yes, please explain:

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16. How often do you brush or comb your dog's coat?	17. Does your dog like to be brushed? Yes No If no, what have you tried to make it more enjoyable?																				
18. How does your dog react to having his/her nails clipped?																					
19. Does your dog have any sensitive areas on his/her body? Yes No If yes, where?																					
20. Where are your dog's favorite petting spots?																					
21. How frequently is your dog walked outside?	21a. How long are your walks?																				
22. Check the box below that best represents your dog's overall routine and level of exercise? Couch Potato: Spends days sleeping, occasional walks and/or playtime with humans or other dogs. Mild Exerciser: Short daily walks and/or regular playtime with humans or other dogs. Moderate Exerciser: Long or multiple walks daily and/or regular playtime with humans or dogs. Athlete: Regular jogs/runs and/or regular participation in a dog sport activity such as agility, flyball, frisbee, etc.																					
23. Are there any other dogs in your household? Yes No If yes, please specify:																					
<table border="1" style="width: 100%; border-collapse: collapse; text-align: center;"> <thead> <tr> <th style="width: 25%;">Breed</th> <th style="width: 15%;">Age</th> <th style="width: 20%;">Sex</th> <th style="width: 40%;">Spayed or neutered</th> </tr> </thead> <tbody> <tr> <td>1.</td> <td></td> <td>Male Female</td> <td>Yes No</td> </tr> <tr> <td>2.</td> <td></td> <td>Male Female</td> <td>Yes No</td> </tr> <tr> <td>3.</td> <td></td> <td>Male Female</td> <td>Yes No</td> </tr> <tr> <td>4.</td> <td></td> <td>Male Female</td> <td>Yes No</td> </tr> </tbody> </table>		Breed	Age	Sex	Spayed or neutered	1.		Male Female	Yes No	2.		Male Female	Yes No	3.		Male Female	Yes No	4.		Male Female	Yes No
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1.		Male Female	Yes No																		
2.		Male Female	Yes No																		
3.		Male Female	Yes No																		
4.		Male Female	Yes No																		
24. Do you have cats? Yes No If yes, how many cats do you have?	24a. How does your dog get along with your cats? 24b. How does he react to unfamiliar cats he sees on walks?																				
25. Does your dog like children? Yes No	25a. How does your dog behave around children?																				

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26. Do any visitors bring their dog(s) to your house? Yes No If yes, how do they get along?

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

28. Does your dog ever bark or growl at anyone passing outside your home or yard?
Yes No If yes, please explain:

29. Are there any types and/or breeds of dogs your dog seems to automatically fear or dislike?
Yes No If yes, please explain:

30. How does your dog react to puppies?

31. How does your dog react to another dog approaching him/her in a park, at the beach, or on a walk?

A. On leash:

B. Off leash:

32. Does your dog play with other dogs? Yes No

If yes, which types?

Male and female

Only male

Only females

Describe the size, breed, and temperament of the dogs:

33. What kinds of games does your dog play with other dogs?

34. What kinds of games does your dog play with people?

35. Has your dog ever shared his/her food or toys with other animals? Yes No Describe your dog's reaction to another dog approaching his/her food or toys:

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<p>36. Which commands does your dog know? (check all that apply)</p> <p style="margin-left: 20px;">None Sit Stay Down Come Heel Rollover Kisses High five</p> <p>Other:</p>			
<p>37. Does your dog know any tricks? Yes No If yes, please describe:</p>			
<p>38. How did your dog get his/her obedience training? (check all that apply)</p> <p style="margin-left: 20px;">No training Attended one group class Attended more than on level of group classes (beginner and intermediate, etc.) Dog Was sent to a board and train program Private sessions in home Other, please explain:</p>			
<p>39. Which of the following best describes the use of obedience cues with your dog at home?</p> <p style="margin-left: 20px;">Key part of daily communication Used when we go on walks or have people over Used occasionally to better control behavior Rarely used Not applicable</p>			
<p>40. What kind of collar/harness do you use to walk your dog?</p> <p style="margin-left: 20px;">Collar – Buckle Collar – Nylon/Chain choke Collar – Prong/Pinch Collar – Head halter Harness – Leash clips on back Harness – Leash clips on front Other:</p>			
<p>41. Is it effective in keeping him/her under control? Yes No</p>			
<p>42. Has your dog ever gotten away from someone when out for a walk? Yes No</p> <p style="margin-left: 20px;">If yes, please explain circumstances:</p>			
<p>43. Where does your dog sleep?</p> <p style="margin-left: 40px;">Inside the house Outside the house Inside/Outside-Varies</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; padding: 5px; vertical-align: top;"> <p>A. In which room in the house does your dog sleep?</p> </td> <td style="width: 50%; padding: 5px; vertical-align: top;"> <p>B. Where in the room does your dog sleep?</p> <p style="margin-left: 20px;">Crate Owner's bed Dog cushion/bed on floor Other:</p> </td> </tr> </table>		<p>A. In which room in the house does your dog sleep?</p>	<p>B. Where in the room does your dog sleep?</p> <p style="margin-left: 20px;">Crate Owner's bed Dog cushion/bed on floor Other:</p>
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<p>44. What does your dog do to show he/she is happy?</p>			
<p>45. What does your dog do to show he/she is upset?</p>			
<p>46. Is your dog allowed on the furniture at home? Yes No</p>			

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47. Does your dog have any problems in the following areas? (Check all that apply)

Mouthing: _____

House training: _____

Barking: _____

Digging: _____

Ignoring Commands: _____

Recall/coming on command: _____

Crating: _____

48. Are there any particular types of people your dog seems to automatically fear or dislike?

49. Has your dog ever **growled** at **someone**? Yes No

If yes, what were the circumstances and how did you respond?

50. Has your dog ever **bitten** a **person**? Yes No

If yes, what were the circumstances and how did you respond? Please describe injuries (if any).

51. Has your dog ever **bitten** another **animal**? Yes No

If yes, what were the circumstances and how did you respond? Please describe injuries (if any).

52. To the best of your knowledge, what does your dog do when you're not at home?

53. Has your dog ever climbed/jumped a fence? Yes No

If yes, what were the circumstances? What was the height of the fence?

54. Has your dog ever escaped from your house or yard? Yes No

If yes, please explain the circumstances:

55. Has your dog ever chased or tried to chase a small animal? Yes No

If yes, what were the circumstances?

56. Has your dog ever chased or tried to chase someone on a skateboard or bicycle? Yes No

If yes, what were the circumstances?

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57. Is your dog frightened by thunderstorms and/or fireworks? Yes No	
A. If yes, describe the typical behavior and what specifically helps to relax your dog or calm his/her fear:	B. Are there any other loud noises that your dog seems to immediately be frightened by?
58. Is your dog frightened or nervous around anything else? Yes No If yes, please explain:	
59. Does your dog play with toys? Yes No If yes, what kind of toys does your dog like?	59a. Are there any toys your dog is not allowed to have or play with?
60. Has your dog ever growled or snapped at a person who has taken food or toys away from him/her? Yes No If yes, what were the circumstances and how did you respond?	
61. Has your dog ever growled or snapped at another dog who has taken food or toys away from him/her? Yes No If yes, what were the circumstances and how did you respond?	
62. Have you ever noticed your dog stopping and staring at another animal? Yes No If yes, what were the circumstances?	
63. Other comments or information about your dog that you feel might be helpful?	

Thank you for the time you spent completing the application form. We look forward to meeting you and your dog on evaluation day. Please contact us if you have any questions on the next steps of the evaluation process.