



CAMP WINTERGREEN - DAYCARE APPLICATION FORM

OWNER INFORMATION

If you have used any services at The Wintergreen Kennels (Boarding or Grooming) since 2020, your information is already in our computer system. You are welcome to skip this first page, unless you would like to update any contact information.

How Did you Hear About the Camp Wintergreen? _____

Your Name: _____

Address: _____

City: _____

State: _____

Zip: _____

If this is a PO Box address, please also provide us with your physical address:

Home Phone: _____

Work Phone: _____

Cell Phone: _____

Email Address: _____

If you would like someone listed as an emergency contact should we not be able to reach you, please leave their information below:

Name: _____

Home Phone: _____

Work Phone: _____

Cell Phone: _____

Email Address: _____

PET INFORMATION

Your pet's name: _____

Breed: _____

Color and Markings: _____

Sex: Male Female Spayed/Neutered: Yes No

All campers must be spayed or neutered after seven months old to participate

Weight (lbs): _____

Age: _____ Birthday: _____

Micro Chip Y / N # _____

Veterinarian Info:

Office Name: _____

Address: _____

City: _____

State: _____

Zip: _____

If your dog is listed under an alternate last name at the veterinarian's office, please list it here? _____

Feeding Schedule: _____

If your pet is here for a full day of camp, you are welcome to bring lunch from home if desired.

Brand and Type of Food: _____

We carry Blue Seal Crunchers dog treats in house, can your pet have those? Yes No

If no, please be sure to provide some treats that we can give your dog throughout the day

Where did you get your pet? _____

How long have you had them? _____

Please note that some rescues need time to settle into their new home. Coming into a new home and then being introduced to another new environment in a short time frame can be very stressful for some. We have seen this have an effect on the results of temperament assessments in the past, so please take this into consideration when scheduling your pets assessment.

If you have not had them from puppyhood, what do you know of its prior history?

Are there any other animals in the household? (Species/ Breed / Age)

What is the make-up of your household?

Adult Males _____ Adult Females _____

Children/Ages _____

Which sex is your dog most fond of? Male Female

Please describe your dog's overall temperament:

How does your dog react to other dogs in general?

How does your dog react to other dogs or people who come into your home?

Has your dog ever participated in play at a dog park? Yes No

If yes, how did they react with the other dogs? _____

Has your dog ever participated in structured group play at another daycare facility? Yes No

If yes, did the facility provide feedback on temperament and behavior that we should know of?

How does your dog react to strangers (outside of the home environment?)

Does your dog have any kinds of people they automatically fear or dislikes? Yes No

If yes describe: _____

Does your dog have any kinds of dog that they automatically fear or dislike? Yes No

If yes describe: _____

Has your dog ever bitten someone? Yes No

If yes describe: _____

Has your dog ever been in a fight or bitten another dog? Yes No

If yes describe: _____

Has your dog ever escaped or attempted to escape by digging/jumping or climbing fences? Y / N

If yes describe: _____

Does your dog jump on people? Yes No

If yes describe: _____

Does your dog have any behavior issues that you are aware of, if so please describe?

Does your dog have a circumstance or situation that they are frightened of? Yes No

If yes describe: _____

Describe how you would calm the dog during this situation: _____

Is your dog housebroken and/or crate trained? _____

Does your dog play with toys? Yes No

What are his/her favorites? _____

Is your dog toy possessive? Yes No

Describe: _____

Has your dog shared toys/food/water with other dogs before? Yes No

Were there any problems? _____

Does your dog prefer a particular sex of dog?

Describe: _____

Has your dog ever received any formal training? Yes No

Where and When? _____

If your dog has commands that you would like us to know or structured behaviors that you would like us to follow while in camp, please list them below:

What do you do with them when you leave the home? _____

Does your dog have any health concerns that you are aware of? Yes No

Describe: _____

Does your dog have any medical restrictions on his/her activities? Yes No

Describe: _____

Is your dog currently on any medication? Yes No

Describe: _____

Does your dog have any allergies? Yes No

Describe: _____

Does your dog like to receive brushings? Yes No

How often are they brushed? _____

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

Does your dog have any areas on his/her body that they don't like to be touched Yes No

Describe: _____

Does your dog have a special place that they like to be pet or rubbed? Yes No

Describe: _____

Does your dog receive flea and tick preventative? Yes No

Brand: _____ Type: _____

Frequency: _____

Why are you looking to have your pet start sessions at Camp Wintergreen?

Is there anything else that you believe we should know about your pet?

Scheduling

At Camp Wintergreen, we do our best to accommodate the schedules that you desire for your pet. For this reason, we ask that you fill out the information below so that we know exactly what you are looking for in regards to your pet's schedule. After a successful temperament assessment, we will go over our availability with you compared to your requests

Session Length

- Half Day - Mornings
- Half Day - Afternoons
- Half Day - Either
- Full Days
- Any Available Openings

How Many Days a Week? _____

Available Days of the Week

- Monday
- Tuesday
- Wednesday
- Thursday
- Friday

Frequency

- Weekly
- Every Other Week
- As Needed