



Wheeling Animal Hospital & Pet Resort

DAY CAMP! Enrollment Application

We love your pet as much as you do!

532 S. Elmhurst Rd. • Wheeling, IL 60090 • (847) 520-7387 • www.wheelinganimalhospital.com • wheelingac@aol.com

APPLICANT INFORMATION

Pet Owner's Name:

Address:

City:

State/Zip:

Home Phone:

Cell Phone:

E-mail:

Emergency Contact:

Phone:

Cell Phone:

Who is authorized to pick your pet up from Wheeling Pet Resort?

1.

2.

How did you hear about us?

PET INFORMATION

Pet's Name:

Age:

Birthdate:

Breed:

Color:

Sex: M F

Spayed/Neutered: Y N

How long have you had your dog? Years _____ Months _____ Weeks _____

How did you obtain your dog?

VETERINARIAN INFORMATION

Clinic Name:

Vet's Name:

Address:

Phone:

City:

State:

ZIP Code:



Wheeling Animal Hospital & Pet Resort

DAY CAMP! Enrollment Application

We love your pet as much as you do!

532 S. Elmhurst Rd. • Wheeling, IL 60090 • (847) 520-7387 • www.wheelinganimalhospital.com • wheelingac@aol.com

PET PROFILE

1. How does your pet greet another pet?
2. How does your pet play with other pets?
3. How does your pet react to small puppies, or dogs smaller or larger than itself?
4. What kind of dogs does your dog automatically fear or dislike?
5. Has your dog ever growled or snapped at someone touching his food or toys?
6. How does your pet act with kids?
7. Is there anything that your pet does not like (e.g., types of pets, people—male or female, people wearing hats/glasses, people in uniform, etc.)? *Please explain.*
8. Does your pet have any phobias (loud noises, thunder, vacuum cleaner, etc.)? Please describe.
9. How does your dog react to a stranger coming into your home or yard?
10. How does your dog react to another person or dog approaching him/her when you are on a walk?
On leash? Off leash?
11. Has your dog ever exhibited aggression (e.g., growling, biting, snapping, lunging, guarding)?
12. Has your dog ever growled at someone? Please describe the circumstances.
13. Has your dog ever bitten someone?
14. Please describe the circumstances.
15. How does your dog handle being left alone?
16. Has your dog ever climbed or jumped over a fence?
If yes, how high was the fence?
17. Does your dog have any behavior problems such as digging, barking, ignoring or potty issues? Please describe.
18. What commands/signals does your dog know?
19. Does your dog respond to any other words for “Go potty,” “No,” “Leave it,” “Good Dog”, etc.?
20. How often does your dog usually eliminate daily?
At what times?



Wheeling Animal Hospital & Pet Resort

DAY CAMP! Enrollment Application

We love your pet as much as you do!

532 S. Elmhurst Rd. • Wheeling, IL 60090 • (847) 520-7387 • www.wheelinganimalhospital.com • wheelingac@aol.com

21. Is your dog kennel or crate trained?
22. Has your dog ever attended a “Day Care” or a “Day Camp”? *If so, where?*
23. Has your dog ever played with other dogs?
24. Has your dog ever been boarded?
25. Has your dog attended a professional pet training course? *If so, please describe.*

CLIENT AGREEMENT		
By signing this application, I certify the accuracy of the information I provided to the Wheeling Animal Hospital & Pet Resort.		
<u>Proof of the following vaccinations is required before the evaluation appointment:</u>		
<input type="checkbox"/> Rabies & Distemper within 12 months	<input type="checkbox"/> K-9 Cough within 6 months	
<input type="checkbox"/> Negative fecal exam within 6 months	<input type="checkbox"/> Flea & Tick preventive within 30 days	
Owner’s signature _____	Date _____	Staff Initials _____

Thank you for your interest in Wheeling Animal Hospital & Pet Resort’s **DAY CAMP!**

We look forward to working with you and your best friend!

Please submit your application along with proof of required vaccinations to:

Mail: 532 S. Elmhurst Rd., Wheeling, IL 60090

Fax: (847) 520-7538 (Attn: Pet Resort)

E-mail: petresort@wheelinganimalclinic.com

Or just stop on by!

Your application will be reviewed by our Dog Trainer and Manager of Pet Resort Services.

We will contact you to schedule your pet’s Behavior Assessment Test.

A \$15 processing and test fee will be due upon arrival for the appointment.

Please allow approximately 30 minutes for the evaluation.