

**Diamond Creek LLC**

**Play Care Application**

*\*Please use a separate form for each pet\**

Owner's Name(s): \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Best number to reach you: \_\_\_\_\_ Email: \_\_\_\_\_

Dog's Name: \_\_\_\_\_ Breed/Breed Mix/Species: \_\_\_\_\_

Sex (M/F): \_\_\_\_\_ Color: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Weight: \_\_\_\_\_ Neutered/Spayed? \_\_\_\_\_

Veterinarian: \_\_\_\_\_ Phone number: \_\_\_\_\_

How did you find out about Diamond Creek? \_\_\_\_\_

Where did you obtain this dog? \_\_\_\_\_ At what age? \_\_\_\_\_ Are you the 1<sup>st</sup> owner Y/N \_\_\_\_\_

If not the first owner, were you provided with any background information? Y/N \_\_\_\_\_

Is this dog a rescue? \_\_\_\_\_ How long in rescue? \_\_\_\_\_

Was it a stray or turned in? \_\_\_\_\_ At what age? \_\_\_\_\_

**Any known allergies i.e. shampoos, perfumes, types of food etc.?** \_\_\_\_\_

*Please also list if owner is allergic to any of the listed items and indicate "owner allergy"*

**Please list any pre- existing or recurring medical conditions** (i.e. ear infections, tick borne diseases, hip dysplasia, bloat surgery, ACL repairs): \_\_\_\_\_

Does your dog have any medical restrictions on exercise/play? Y/N \_\_\_\_\_  
If Yes, please explain: \_\_\_\_\_

Is your dog sensitive about having any part of their body touched? Y/N. If Yes, please describe: \_\_\_\_\_

Does your pet have reactions to any of the following situations (Circle all that apply):

- Thunder Storms
- High Winds
- Extreme temperature (heat/cold)
- Fireworks/Loud noises

Has your dog ever bitten or nipped someone: Y/N \_\_\_\_\_

Are there any behavioral concerns that we should be made aware of? YES / NO If yes, please explain: \_\_\_\_\_

Are there any food possession/toy possession issues?  
 NO  YES, with other animals  YES, with humans  YES - with both animals & humans

Are there any types of people your dog automatically fears or dislikes? (men, uniforms, etc)? Y/N \_\_\_\_\_

Has your dog ever succeeded to jump over, dig under or break through any kind of fencing? Y/N: \_\_\_\_\_

Has your dog had interactions with other dogs that don't reside with you? Y/N If yes, please describe behavior: \_\_\_\_\_

Is your dog acclimated to crating at home? Y/N \_\_\_\_\_

Has your dog eat foreign objects? (rocks, acorns, toys) Y/N \_\_\_\_\_ If yes, has your dog ever had surgery due to eating foreign objects? Y/N \_\_\_\_\_

Tell us about your pet, what should we know so that we may provide the best experience for him/her?: \_\_\_\_\_