



Dog Daycare Application

Blue Prints Training and Socialization Center reserves the right to refuse any dog for services

303 Nottingham Road, Syracuse, New York 13210 | (315) 446-2070 | (315) 446-0506 | blueprintsdogstudio.com

Dog's Name: _____ Date: _____

Owner Name: _____ Second Owner: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

Email: _____ Other Phone: _____

Emergency Contact (name/number): _____

How old is your dog? (years/months): _____

How long have you had your dog? (years/months): _____

How old was your dog at adoption? (age can be an estimate): _____

Breed of dog (if mix, list the dominant breed): _____

Please circle the appropriate answer for each question below

Spayed/neutered? **YES NO**

Kids in the household? **YES NO**

Can you take food/toys and other resources away from your dog without him/her growling? **YES NO**

Aggressive behavior around toys? **YES NO**

Reactive to dogs while on a leash? **YES NO**

Aggressive behavior around other dogs while your dog is off leash? **YES NO**

Aggressive behavior around small children? **YES NO**

After completing the application, please mail or email it to info@blueprintsdogstudio.com

Thank you for your interest in our services.



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Aggressive behavior around adults? **YES NO**

Aggressive behavior while your dog is sleeping or laying on furniture? **YES NO**

Does your dog have contact with other dogs on a weekly basis? **YES NO**

Does your dog go to dog parks? **YES NO**

Has your dog ever socialized with a large group of dogs (15-20)? **YES NO**

Is your dog crate trained? **YES NO**

Is your dog frightened by any noises? **YES NO**

If yes, what noises? _____

How does your dog react to puppies? _____

Has your dog ever bitten another dog or person? **YES NO** If yes, did he/she draw blood? **YES NO**

Does your dog have any past injuries or current conditions? **YES NO**

If yes, please explain: _____

Has your dog had any obedience training? **YES NO**

If yes, to what level and where? _____

What type of collar does your dog wear? _____

Is your dog on flea/tick medication? **YES NO** If yes, what brand? _____

If your dog has any allergies (please list them here): _____

Does your dog have any problems with the following behaviors? (Circle all that apply):

Chewing Barking House training Ignoring Commands N/A

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