

## Enrollment Application Form

D.Tails, LLC  
Dog Play School  
4 Center Road—Unit 4  
Old Saybrook, CT 06475

860-388-1819  
860-434-1212

Dear Dog Owner,

Welcome to D.Tails Dog Play School! D.Tails looks forward to offering your beloved pet a safe, enjoyable, and interesting social environment during your weekday business hours. We provide training, supervised play, exercise, naps, daily walks, and other activities for socializing with other pets and our friendly staff.

Enclosed, please find the information and forms required for you to register your pet with D.Tails. There is a one-time, \$10.00 non-refundable application processing fee for each pet.

To enroll, please fill out the enclosed forms and return them to D.Tails, 4 Center Road, Unit 4, Old Saybrook, CT 06475 along with proof of vaccinations and a check or money order for \$10.00 for each pet. You may enroll through the mail or drop off your forms in person. Once we receive your enrollment form, proof of vaccinations, and enrollment fee, we will review your paperwork and call to schedule a time to meet you with your pet(s).

If you have further questions, please contact us at (860)-388-1819, or stop by D.Tails, LLC to visit us in person. We are open Monday through Friday from 6:30 a.m. to 6:00 p.m. We look forward to meeting you!

Donna Bennett  
D.Tails, LLC





**D.Tails, LLC  
Pet Personality Profile**

**General Information**

**Owner's Last Name:** \_\_\_\_\_

**Pet's Name:** \_\_\_\_\_

How did you hear about D.Tails? \_\_\_\_\_

Dog's Name: \_\_\_\_\_ Date you acquired your dog: \_\_\_\_\_

Dog's breed, sex, and age: \_\_\_\_\_

Is your dog spayed/neutered? \_\_\_\_\_ If so, at what age was this done? \_\_\_\_\_

Where did you get your dog? \_\_\_\_\_

If adopted, do you have any knowledge of your dog's history? List any pertinent information:

\_\_\_\_\_

**Training**

Has your dog ever had formal obedience training? \_\_\_\_\_ If yes, when and where?

What commands does your dog know? \_\_\_\_\_

\_\_\_\_\_

What skills does your dog have already that you would like to improve upon? \_\_\_\_\_

Is there anything new that we can help teach your dog? \_\_\_\_\_

Please add any other information that will help us understand and meet your dog's needs:

\_\_\_\_\_

**Health and Grooming**

Does your dog have a problem with fleas? \_\_\_\_\_ Allergies? \_\_\_\_\_

Does your dog have hip dysplasia? \_\_\_\_\_ If yes, please list restrictions placed on your dogs activities and movements: \_\_\_\_\_

List any medications your dog takes on a regular basis: \_\_\_\_\_

Does your dog like to be brushed? \_\_\_\_\_

How does your dog react to have his/her nails clipped? \_\_\_\_\_

Does your dog have any sensitive areas on his/her body? \_\_\_\_\_

Where are your dog's favorite petting spots? \_\_\_\_\_

**Behavior**

Does your dog like children? \_\_\_\_\_ How does your dog behave around children? List any pertinent information:

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Are there other animals in your household? If so, please list type, sex, and age of each:

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How does your dog get along with the other animals in your household?  
List any pertinent information:

Does your dog act afraid of any specific items or noises? If so, please explain:

How does your dog react to strangers coming into your home or yard?

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Does your dog ever bark or growl at anyone passing outside your home or yard? \_\_\_\_\_

Are there any kinds of people your dog automatically fears or dislikes (ie, people with uniforms or hats)? \_\_\_\_\_

Are there any kinds of dogs your dog automatically fears or dislikes? \_\_\_\_\_

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How does your dog react to puppies and small dogs? \_\_\_\_\_

Has your dog ever:

Growled at someone? \_\_\_\_\_ Explain the circumstances: \_\_\_\_\_

Bitten someone? \_\_\_\_\_ Explain the circumstances: \_\_\_\_\_

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Please explain any problems your dog(s) has/have in the following areas:

Mouthiness: \_\_\_\_\_ Houstraining: \_\_\_\_\_

Barking: \_\_\_\_\_ Digging: \_\_\_\_\_

Jumping: \_\_\_\_\_ Running away from you: \_\_\_\_\_

Other: \_\_\_\_\_

Has your dog ever growled or snapped at anyone who has taken food or toys away from him/her? \_\_\_\_\_ Explain the circumstances: \_\_\_\_\_

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Does your dog share food/toys with other animals? \_\_\_\_\_ Play with other dogs? \_\_\_\_\_

What toys and/or games do your dog(s) enjoy? \_\_\_\_\_

D.Tails,LLC

Owner's Last Name: \_\_\_\_\_

Pet's Name: \_\_\_\_\_

**FOR OFFICE USE ONLY**

Enrollment Form \_\_\_\_ Enrollment fee \_\_\_\_ Shots \_\_\_\_ Staff Screened \_\_\_\_

Computer Entry \_\_\_\_ Bin Made \_\_\_\_ Folder made \_\_\_\_ First Day \_\_\_\_\_

**EMERGENCY CONTACT INFORMATION**

**Owner Information**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Email: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

**Emergency Contact**

Name: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

**Pet Information**

Name: \_\_\_\_\_ Breed: \_\_\_\_\_ Sex: \_\_\_\_\_

Birthdate: \_\_\_\_\_ Weight: \_\_\_\_\_

Medications: (Please list name and purpose for each medication your pet takes)

\_\_\_\_\_  
\_\_\_\_\_

**Veterinarian**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_