



Dear Dog Owner,

Thank you for your recent inquiry about dog daycare and boarding. Izy's DogHouse is committed to providing a safe, clean, stress free, playful and social environment for your dog that will make him/her feel right at home! At daycare, your dog will enjoy supervised playtime with other dogs and our friendly staff. For our boarding service, your dog will also enjoy supervised playtime with other dogs and our friendly staff as well as the luxury of having her/his own stall for an excellent and uninterrupted night sleep.

Enclosed, you will find information and forms you need to register your dog for our services.

To enroll, simply fill out the enclosed forms and send them to info@izysdoghouse.com by scanning or filling out our PDF form.

It is important for us to have a chance to meet you and your dog prior to booking. Email us or call/txt us at **613-455-6100** to schedule your meet and greet.

Sincerely,

Izy's DogHouse

1045 montee Rainville,

Casselman, Ont.

K0A 1M0

613-455-6100

info@izysdoghouse.com

www.izysdoghouse.com



FOR OFFICE USE ONLY

Enrollment Form:____ Vaccines Copy:____ Policies and agreement form:____ Meet and greet:____
Open File:____ Photo:____ Client Computer Entry:____ Invoice Form____ Cellphone entry:____
Birthday entry:____ First day date:_____

Owner Information

Name:_____

Address:_____

City:_____ Postal Code:_____

EMAIL:_____

Home Phone:_____ Cellphone:_____

Please note that we will send updates by email only

Emergency Contact

Name:_____

Address:_____ City:_____

EMAIL:_____

Home Phone:_____ Work/Cellphone:_____

Name and telephone number of all people allowed to pick up your dog:

Pet Information

Name:_____ Breed:_____ Color:_____

Sex: M / F Birthday:____/____/____ Weight:_____ Spayed/Castrated: Y / N

M/ D/ Y



*Diet (how many cups of food per day and how often):

*Allergies: _____

*Can Izy's DogHouse provide treats to your dog? Y / N

*Medical History/Current Health Condition: _____

*Medications: _____

*Will Izy's DogHouse administer medications for your dog?: Y / N

*If YES, dosage required: _____

*Is your dog vaccinated for DHPP/DAPP/DHLPP(annual), rabies and Bordetella(kennel cough)?:

Y / N

**Please provide a photocopy of the vaccination forms. **

*Would you like your dog to be cage free during daycare?: Y / N

*If you answered NO, please explain: _____

*Is your dog afraid of specific noises or objects? If so, please explain: _____

*Has your dog ever showed signs of aggression?: Y / N

*If YES, what was the circumstance?: _____

*Is your dog an escape artist?: Y / N

*What commands those your dog understand?: _____

*In what language?: _____

*Other comments about your dog which you feel might be helpful: _____



VETERINARIAN

Name: _____

Address: _____ City: _____

EMAIL: _____

Phone: _____ Fax: _____

Does your dog have Pet Insurance? Y / N

****If yes, please provide a copy of insurance claim in case of emergency****

Owner Signature: _____ Date: _____