**TEE EMM KENNELS, LLC**

**DOG DAYKAMP APPLICATION**

*\*If you have two dogs you would like to enroll, please fill out separate applications*

Date: \_\_\_\_\_\_08August2022\_\_\_\_

Owner’s Name: \_\_\_\_\_\_\_\_\_Michael Magill\_\_\_\_\_\_\_\_

Phone Number: \_\_\_\_\_\_\_\_\_440-708-6041\_\_\_\_\_\_\_\_\_\_\_\_ E-mail:\_\_michael.magill22@gmail.com

Dog’s Name: \_\_\_\_\_\_\_\_Thunder\_\_\_\_\_\_\_\_\_

Breed: \_\_\_\_\_\_\_\_\_\_\_\_Doberman Pinscher\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age: \_\_\_\_5\_\_\_\_

Has your dog been to another daycare, dog parks, or in group settings? If so, please detail. **YES / NO**

\_\_\_\_\_\_yes, Thunder has been to boarding and day care previously in other locations and has gone to play in dog parks since he was less than a year old. Usually, he is very playful. He does not like being mounted, he adores human interaction, but has a tendency to be Alpha. Also he smiles, when happy to see people, this is not him baring his teeth and is a friendly behavior.

Does your dog have any medical conditions/on any medications? If yes, please detail. **YES / NO**

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What is your dog’s play style with other dogs (playing “keep away”, barking, mounting, excitable, shy, etc)?  
Thunder will play keep away if there is toys in the vicinity (particularly balls) otherwise he likes to chase and be chased and “wrestle”. He may not enjoy the attention immediately when he enters a play area if there are too many dogs greeting him at once. When enjoying play he may make some noise.   
  
Does your dog have any anxiety/fear of particular noises or movement? If so, please detail **YES / NO**

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Does your dog have any sensitivity to being handled on any area of their body? Describe. **YES / NO**

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Has your dog ever displayed any issues toward other dogs/had any incidents with dogs in the past? If so, please detail **YES / NO   
\_\_\_As stated he does not like being mounted he is generally pretty good of letting other dogs know to let him be with barking or maybe a growl. He has not had any incidents of biting or outright aggression I have observed or was told about when he attended other boarding.**

Has your dog every climbed/scaled a fence? **YES/NO He doesn’t like touching metal fences or gates.**Does your dog dig holes/try to escape fenced in areas? **YES/NO**

Does your dog have possessive or guarding type behaviors toward any of the following? Please circle.

YOU/OWNER LEAVES/STICKS

TOYS (Usually only when I am present) OTHER PETS IN HOME

FOOD WATER BOWL

Please circle all the commands your dog knows:

COME HEEL LEAVE IT

SIT LAY DOWN PAW

STAY WAIT OTHER: \_\_Chin, touch, heel,\_\_\_\_\_\_\_

Listed below are the medical requirements to be enrolled in DayKamp. We need to see proof of these records prior to the scheduling of any evaluation for your dog(s).

Rabies  
Distemper  
Lepto  
Parvo  
Bordetella (Canine Cough) *\*every 6 months*  
Proof of negative fecal/Giardia test *\*every 6 months*

Please e-mail this application and your dogs’ medical records to us at **tmsdaykamp@gmail.com** for consideration. Please be aware there may be times where our groups are full, we are booked for evaluations, or we see something on your application that may indicate your dog is not a good fit. You will always be contacted with regards to your application. If you have any questions or concerns, call us at *(978) 683-5759 ext. 1 (daykamp).*