



**CANINE
COLLEGE**
WHERE IT'S COOL TO DROOL
daycare boarding training grooming barkstore

23717 Research Drive
Farmington Hills, MI 48335

Tel: (248) 427-8245
Fax: (248) 888-9664

www.CanineCollegeMi.com

Student Application

Please help us to build and maintain your student's profile at Canine College. This information will assist us to better understand your student's background, temperament, and needs.

Owner Information:

Owner's Name (First & Last): _____

Employer Name: _____ City of Employment: _____

Additional Owner's Name (First & Last): _____

Address: _____

City: _____ State: _____ Zip: _____

E-Mail (For reminders, coupons, etc.): _____

Home Phone: _____ Work Phone: _____

Cell Phone: _____ Cell Phone: _____

Emergency Contact(s):

These are to be *local* individuals who we will try to contact in the event of an emergency, if we cannot reach you. We will request they aid us in contacting you, come by to pick up your student to take him/her to the vet OR will authorize us to seek medical treatment for your dog (Transportation fees apply). Please do not list your Veterinarian as an emergency contact.

Name (First & Last): _____ Phone Number: _____

Name (First & Last): _____ Phone Number: _____

How did you hear about us?

(Circle one/Fill in the blank)

Advertisement Flyer Newspaper Radio Google Yahoo Bing Facebook

Existing Owner (First & Last): _____ Other: _____



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Student's Profile:

Student's Name: _____ Breed: _____ Birth Date: _____

Please include any additional names of who would be authorized to pick your student. We will not release your pet to anyone unlisted. Please include first and last names.

Name: _____ Name: _____

Name: _____ Name: _____

Gender: Male, Neutered Female, Spayed Male, Not Neutered Female, Not Spayed

Allowed to have treats: Yes No

Help us better understand your pet's behaviors, please mark all that apply:

- | | | |
|---|---|--|
| <input type="checkbox"/> Not House-Trained | <input type="checkbox"/> Aggressive | <input type="checkbox"/> Coprophagia (stool eater) |
| <input type="checkbox"/> Biter | <input type="checkbox"/> Food Aggressive | <input type="checkbox"/> Can Jump/Climb a Fence |
| <input type="checkbox"/> Excessive Barking | <input type="checkbox"/> Doesn't Like Men | <input type="checkbox"/> Digger |
| <input type="checkbox"/> Excessive Marking | <input type="checkbox"/> Doesn't Like Woman | <input type="checkbox"/> Doesn't Like Other Dogs |
| <input type="checkbox"/> Excessive Mounting | <input type="checkbox"/> Toy Possessive | <input type="checkbox"/> Crate Trained |
| <input type="checkbox"/> Separation Anxiety | | |

Any allergies (food, seasonal, etc.): _____

Any medical conditions or ailments we should be aware of: _____

What Veterinarian does your student see? Dr. _____

Veterinarian Clinic Name: _____ City/State: _____

Has your dog been to daycare, the dog park, or been boarded before? Yes No

If yes, where? _____

Please include any additional information you find necessary for us to know about your student:

**You may include a copy of vaccination records with this application. Required vaccinations are Rabies, Distemper (DHLPP, DHPP, etc.), and Bordetella (must be within the past 6 months). Please email the documents to enrollment@caninecollegemi.com or fax to (248) 888-9664. We will contact you upon receipt to schedule the temperament test or appointment. Thank you!
