



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

23717 Research Drive  
Farmington Hills, MI 48335

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

www.CanineCollegeMi.com

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## 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:

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

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