The Hydeout Dog Training Center  
1201 Osler Street  
Regina, SK

S4R1W4

hydeoutdogtraining@gmail.com

**Dog Daycare Application Form**

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

Owner Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
Owner Phone Number(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
Dog Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
Dog Age: \_\_\_\_\_\_\_\_\_\_\_ Dog Breed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Up to date on regular vaccines (incl. rabies)? Y/N

Up to date on the Bordetella Vaccine (kennel cough)? Y/N

Please highlight your answer: Male/Female, Spayed/Neutered

**Please provide proof of these vaccinations (DAPP, Rabies, Bordetella) with your application form. You can get those records from your veterinarian. Note that any application received without proof of vaccines will be *pending* until they are provided. We also require proof of flea and tick medication that is up to date.**

Please tell us a little bit about your dog. What interests them (food, toys, etc.), what they are like with other dogs (big dogs, small dogs), what are they like with other dogs and toys and food, what is their energy level like?

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