



**Cubby's Canine Castle, Inc.**  
 1265 DeKalb Pike \* Blue Bell, PA 19422  
 Phone: 610.272.0300 \* Fax: 610.592.9230  
 www.cubbyscaninecastle.com

*Where your pup is royalty!*

## Daycare Application

### Primary Contact

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
 Street Address: \_\_\_\_\_  
 City, State, Zip: \_\_\_\_\_  
 Phone (Home): \_\_\_\_\_ Phone (W): \_\_\_\_\_ Cell: \_\_\_\_\_  
 E-mail: \_\_\_\_\_  
 Alternate e-mail: \_\_\_\_\_

### Secondary Contact

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
 Street Address: \_\_\_\_\_  
 City, State, Zip: \_\_\_\_\_  
 Phone (Home): \_\_\_\_\_ Phone (W): \_\_\_\_\_ Cell: \_\_\_\_\_  
 E-mail: \_\_\_\_\_  
 Alternate e-mail: \_\_\_\_\_

### Dog Information:

#### General Information

Dog's Name: \_\_\_\_\_

Sex: \_\_\_\_\_ Male / Female

Breed: \_\_\_\_\_

Birth day: \_\_\_\_\_

Spayed/Neutered: \_\_\_\_\_ Yes / No

License: \_\_\_\_\_ Yes / No

If yes, License #: \_\_\_\_\_

*\* Please provide copy of license*

#### Medical/Vaccination History

Please provide veterinary records showing up to date:  
 Rabies, Distemper or DHLPP, Parvo (if no DHLPP),  
 Bordatella and fecal test  
*Records may be attached to application or faxed directly from  
 your Veterinarian's office to 610.592.9230*

Flea/Tick Preventative: \_\_\_\_\_ Type: \_\_\_\_\_

Heartworm Preventative: \_\_\_\_\_ Type: \_\_\_\_\_

Current Veterinarian: \_\_\_\_\_

Veterinarian Phone: \_\_\_\_\_

I am interested in daycare (Please circle) :    1 day/month    1 day/week    2 to 3 days/week    4 days/week

Has your dog attended daycare in the past?    Yes / No    If yes, what daycare? \_\_\_\_\_

Has your dog had basic obedience training?    Yes / No

Please tell us how you heard of us:    Referral    Internet    Newspaper    Event    Yellow Pages

Other (Please explain): \_\_\_\_\_

If referred, please provide referrer: \_\_\_\_\_

*Once application is completed please mail application and most recent vet records to 1265 DeKalb Pike, Blue Bell, PA 19422 or fax to 610.592.9230 and we will contact you to schedule an evaluation appointment.*