



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.