

.....

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

Breed: \_\_\_\_\_ Owner Daytime ph: \_\_\_\_\_

Birthday or approx. age: \_\_\_\_\_

Male Female Spayed Neutered At what age? \_\_\_\_\_

.....

- I am interested in weekly daycare for my dog.
- I am interested in group playtime during overnight visits for my dog.

When did you acquire your dog? \_\_\_\_\_

Where did you obtain your dog? (breeder, shelter, found, etc.) \_\_\_\_\_

Are there any other pets in the household? Yes No

If so, please list:

	Breed	Age	M/F	Spayed/Neutered	
1.	_____	_____	_____	Yes	No
2.	_____	_____	_____	Yes	No
3.	_____	_____	_____	Yes	No
4.	_____	_____	_____	Yes	No

Please check all that apply to your dog.

- Allowed to run free in the home: Supervised / Unsupervised
- Allowed to run free in a fenced yard: Supervised / Unsupervised
- Jumped over fence in yard: \_\_\_\_\_ Fence height: \_\_\_\_\_
- Dug under fence in yard: \_\_\_\_\_
- Leash walked only
- Outside and unleashed but supervised

What is your dog's training history? (please check all that apply)

- No training
- Private training sessions
- Obedience titles/awards
- Trained yourself
- Group class - basic
- Agility
- Puppy kindergarten
- Group class - advanced

Other please explain: \_\_\_\_\_

Does your dog have problems with any of the following:

- Barking                       Digging                       Jumping                       Mouthing

If so, please explain:

---

---

Has your dog been on agility equipment?      Yes      No

Is your dog possessive of toys, food or objects?      Yes      No

If yes, please explain

---

---

Has your dog ever shared his food/toys with other animals?      Yes      No

Has your dog ever growled or snapped at anyone taking food or toys away?      Yes      No

If yes, please explain

---

---

How does your dog react when strangers approach the home, yard or out in public?

---

---

Is your dog afraid of other dogs?      Yes      No

If yes, please explain

---

---

Does your dog play off leash with other dogs?      Yes      No

Briefly describe:

---

---

Does your dog prefer to play with:      male dogs      female dogs      no preference

How does your dog react to puppies? \_\_\_\_\_

Has your dog ever growled at someone?      Yes      No

If yes, please explain:

---

---

Has your dog ever bitten someone?      Yes      No      Has your dog ever bitten another dog?      Yes      No

If yes, please explain:

---

---

Does your dog have problems in any of the following areas?

Sensitive body parts:  paws       tail       hindquarters

Grooming:  being brushed       nails being clipped

Are there any physical disabilities which may affect your dog while in daycare?    Yes    No

If yes, please explain

---

---

Are there other issues that you wish to address, or feel you should inform us of, and how much of a problem do you consider the behavior to be?

Issue	Very Serious	Serious	Not Serious
1. _____	_____	_____	_____
2. _____	_____	_____	_____

Is your dog frightened by thunderstorms, loud noises, objects, or other situations?

If so, please explain:

---

---

How much exercise is your dog presently getting?

- Daily walk       Weekly off leash romp       Couch potato  
 Walk 1-3 times per week       Daily off leash romp  
 Other: \_\_\_\_\_

Has your dog ever attended another daycare?    Yes    No

If so, please list the names of the facilities:

---

---

What is the main reason you have chosen dog daycare for your pet?

---

---

FOR OFFICE USE ONLY

- Pass       Fail  
 Retry at a later date:

Recommendations: \_\_\_\_\_

---

---