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Dog's Name: _____ Owner Name: _____

Breed: _____ Owner Daytime ph: _____

Birthday or approx. age: _____

Male Female Spayed Neutered At what age? _____

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- 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?

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- Pass Fail
 Retry at a later date:

Recommendations: _____
