



PERSONAL INFO

Your Name: _____ Date: _____

Address: _____ City: _____ State & Zip: _____

Home Phone: _____ Day Phone: _____ 2nd Phone: _____

Email: _____

Emergency contact: _____ Emergency Contact Phone: _____

VET INFO

What vet do you take your dog to? _____

Phone Number: _____ City/State: _____

PET INFO

Dog Name: _____ Breed: _____ Male/Female: _____

Age/Birthday: _____ Age/date acquired: _____ Rescue yes/no? _____

Spayed/Neutered? _____ Age when spayed/Neutered: _____ IF NO, do you plan to? _____

MEDICAL

Does your dog have any health conditions (ie: allergies, hip dysplasia, etc)? IF YES, please list:

If allergies are on the above list, what allergies does your dog have?

Is your dog currently on any medication? IF YES, what kind?

Does your dog have any sensitive spots to the touch or physical limitations? IF YES, where/what?

Is your dog on flea/tick preventative? _____ Is your dog on heart worm preventative? _____

Is your dog up to date on vaccines? _____ Can you provide records prior to acceptance?

SOCIALIZATION

Has your dog ever attended dog daycare? IF YES: Where: _____
How often? _____

Has your dog even been to a dog park? IF YES: How often? _____

Has your dog ever been expelled from/denied attendance to daycare? IF YES, explain:

Has your dog been through any training classes? IF YES, are they currently?

How often to you plan to use daycare?

What benefits are you hoping your dog received from daycare?

BEHAVIORAL

Is your dog Potty trained? _____ Crate trained? _____

Does your dog dig? _____ Does/can your dog climb/jump fences? _____

Does your dog bolt through doors/gates? _____ Any issues putting on collar? _____

Has your dog ever bit a human? IF YES, explain:

Has your dog ever bit a dog/been in a dog fight? IF YES, explain:

Has your dog shown fear or aggression toward specific humans, gender, animal, breeds? IF YES, explain:

Has your dog ever shown to guard, protect or resist sharing any items such as water bowl, food bowl or treats, toys, etc?

What behaviors by your dog frustrate you?

- | | | |
|---|---|---|
| <input type="checkbox"/> Excessive mounting | <input type="checkbox"/> Poor greeting skills | <input type="checkbox"/> Possessive of toys |
| <input type="checkbox"/> Pulling on leash | <input type="checkbox"/> Poor recall/runs off | <input type="checkbox"/> Possessive of food |
| <input type="checkbox"/> Excessive barking | <input type="checkbox"/> Chewing | <input type="checkbox"/> Other |
| <input type="checkbox"/> Excessive whining | <input type="checkbox"/> Jumping on people | _____ |
| <input type="checkbox"/> Mouthy/nipping | <input type="checkbox"/> crating | |
| <input type="checkbox"/> Marking | <input type="checkbox"/> Eating poop | |

What causes aggression, fear, or out of control behaviors in your dog?

- | | | |
|--|--|---------------------------------------|
| <input type="checkbox"/> Being touched | <input type="checkbox"/> Loud noises | <input type="checkbox"/> Mop/broom |
| <input type="checkbox"/> Being picked up | <input type="checkbox"/> Grabbing collar | <input type="checkbox"/> Strangers |
| <input type="checkbox"/> Other dogs | <input type="checkbox"/> Being bathed | <input type="checkbox"/> Sharing food |
| <input type="checkbox"/> Other animals | <input type="checkbox"/> Vehicles | <input type="checkbox"/> Sharing toys |
| <input type="checkbox"/> Children | <input type="checkbox"/> Taking meds | <input type="checkbox"/> Other |
| <input type="checkbox"/> Hats/uniforms | <input type="checkbox"/> Doorbell/knocking | _____ |
| <input type="checkbox"/> Storms | <input type="checkbox"/> Vacuum | |

What fixations, phobias or obsessions does your dog have?

- | | |
|--|--|
| <input type="checkbox"/> Balls/toys | <input type="checkbox"/> Insects |
| <input type="checkbox"/> Cats/small animals | <input type="checkbox"/> Reflections/shadows |
| <input type="checkbox"/> Digging | <input type="checkbox"/> Other |
| <input type="checkbox"/> Rocks/leaves/sticks | _____ |
| <input type="checkbox"/> Food/treats | |

Is there anything else you would like to share with us about your dog?

Filling out this form does not guarantee that your dog will be accepted into daycare. Once this form is reviewed, we will contact you to go over the next steps and schedule the in-person evaluation. Please ensure all the information provided is accurate and know that this information will not necessarily preclude your dog from our services, but will help us understand your dog and what benefits we can provide in our care.

Signature: _____ **Date:** _____