

DOG INFORMATION

Dog's Name: _____ Breed*: _____
Current Age: _____ Birthday: _____
Sex: _____ Is your dog Spayed/Neutered? *
MALE FEMALE YES NO

HEALTH INFORMATION

Please describe your dog's flea/tick control and prevention program:

Does your dog have any physical disabilities that require special attention:

If yes, what restrictions need to be placed on your dog's movements?
LIMIT JUMPING LIMIT RUNNING LIMIT HARD PLAY
Does your dog have any medical conditions or chronic illnesses?
EPILEPSY ARTHRITIS HIP/ELBOW DYSPLASIA EYE DISORDER
OTHER: _____
Does your dog have any non-food allergies?

Has your dog contracted any communicable disease in the past 30days?

BEHAVIOR HISTORY
/ Basic Manners & Play

Has your dog ever been to daycare? If so, where?

Why are you considering our daycare program for your dog?
VACATION SOCIALIZATION EXERCISE
Which commands does your dog know? (circle all)
SIT DOWN COME WAIT PAW LEAVE IT OTHER: _____
Does your dog have any problems in any of the following areas? If yes, please explain:
- MOUTHING: _____
- HOUSE-TRAINING: _____
- BARKING: _____
- HUMPING: _____
- SEPARATION ANXIETY: _____
Which choice best describes your dog's level of socialization with other dogs?
- NONE: No knowledge of other dog interaction
- MINIMAL: On-leash encounters only
- MODERATE: Some off-leash playtime with visitor's/neighbor's/friend's dog(s)
- EXTENSIVE: Often plays with unfamiliar dogs at dog parks, dog daycare, etc.
Does your dog fear or dislike any type/breed/gender of dog?

How does your dog react to puppies?

Is your dog frightened by any noises?

Has your dog ever had a disagreement with another dog in an off-leash environment?

- NO
- YES (select all that apply):
 - Altercation or fight at a public dog park
 - Altercation or flight with a neighbor's or friend's dog
 - Fearful reaction in a group of dogs
 - Dismissed from a prior dog daycare or social playgroup program

If so, please provide more information:

- | | | |
|---------------------------|-----|----------------------------|
| - My dog was injured | AND | required medical treatment |
| - Another dog was injured | AND | required medical treatment |
| - A person was injured | AND | required medical treatment |

In which situation could your dog become unfriendly? (circle all)

- GRABBING COLLAR
- HUGGING
- REMOVING FROM FURNITURE
- BEING TOUCHED WHILE SLEEPING
- APPROACHING WHILE OWNER PRESENT
- LEASH-REACTIVE IN LOBBY AREA

Does your dog have any areas on their body where they do not like to be touched?

MOUTH EARS PAWS TAIL OTHER:

Please describe any other circumstances when your dog might growl, bite or snap?

BEHAVIOR HISTORY
/ Food & Toys

Has your dog ever shared his/her toys or bed with other animals?

If so, how does your dog react to people or another dog approaching their toy?

How does your dog respond to being crated?

Has your dog ever climbed/jumped a fence? If so, what were the circumstances?

Has your dog ever escaped from your house/yard?

How does your dog respond to being approached while eating or having his/her food taken away?

Does your dog have any food allergies? If so, please list:

Do you have any objections to us giving your dog treats?