

Owner's Name: _____

The following answers will help us care for your dog(s) as if they were our own:

Is this your first dog? yes no

How long have you had your dog? _____ years _____ months

Has your dog ever attended interactive Daycare? yes no

What are your reasons for bringing your dog to Daycare?
Socialization Play Exercise Long day

Other _____

Has your dog been boarded at a pet center or vet previously? yes no
If yes, were there any problems or concerns noted during (or after) the stay?

Why did you leave that facility? _____

Is your dog used to being in a crate? yes no

Has your dog ever escaped a fence (over or under)? yes no

Does your dog have separation anxiety issues? yes no

To the best of your knowledge, what does your dog do when left alone at home?

Does your dog get along well with: Large dogs yes no
 Small dogs yes no
 Puppies yes no

Are there any types or breeds that your dog seems to automatically fear or dislike?
 yes no

If yes, list please: _____

Has your dog ever been in a fight? yes no

If yes, please explain: _____

Has your dog ever bitten anyone?
(If yes, describe the circumstances.) _____

Does your dog have any allergies? yes no

If yes, what are they? _____

Is your dog on ANY medications? yes no

If yes, what are they? _____

Physical disabilities? yes no

yes no

Disability and cause? _____

_____ to be placed on your dog's activities or movements?

No jumping No running No hard play No contact with other dogs

Other: _____

Does your dog have ANY pre-existing medical conditions? yes no

If yes, what are they? _____

Does your dog have any sensitive areas on his/her body? yes no

If yes, where? _____

Is your dog frightened by thunderstorms? yes no

If yes, describe behavior and what specifically helps your dog's fear.

Is your dog frightened or nervous around anything else? yes no

If yes, describe: _____

Has your dog had any training? yes no

If yes, when _____ To what level _____

Do you currently have any issues with your dog chewing inappropriate items or being destructive? yes no

If yes, describe: _____

Does your dog have any problems in the following areas?

Mouthiness Housetraining Barking Digging
Ignoring commands

If yes, please explain: _____

Does your dog have a command to "be quiet"? yes no

If yes, what is the command: _____

What are your dog's favorite petting spots? _____

What are your dog's favorite activities?

Play ball Frisbee Keep Away Pool Brushing Tag
Tug-Tug Cuddle Belly rubs Chase Massage

Other: _____



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overall level of exercise that best describes your dog's

g with occasional walks/playtime with people or dogs)

- Mild Exerciser (*short walks/playtime with people or dogs*)
- Moderate Exerciser (*multiple walks/playtimes with people or dogs*)
- Athlete (*regular vigorous play or activity such as Agility*)

Indicate, from the following, the level of dog socialization that best describes your dog's routine:

- None (*no knowledge of other dog interaction*)
- Minimal (*brief interactions on-lead only*)
- Moderate (*occasional playtime with friend/neighbor's dog*)
- Extensive (*regular visits to dog parks/daycare, etc.*)