



### About Your Dog

Name: \_\_\_\_\_ Breed: \_\_\_\_\_ Color: \_\_\_\_\_  
Age / Date of Birth (estimates are okay): \_\_\_\_\_ Sex: M F - Weight: \_\_\_\_\_  
Is your dog spayed/neutered: \_\_\_\_\_ If so, at what age: \_\_\_\_\_  
How old was your dog when you first acquired them? \_\_\_\_\_  
How long have you had your dog? \_\_\_\_\_  
Where did you obtain your dog? \_\_\_\_\_  
What is the main reason you have chosen daycare for your dog? \_\_\_\_\_  
How did you hear about us? \_\_\_\_\_

### Is Your Dog ...

Allowed to run free in the home:  supervised  unsupervised  
Allowed to run in a fenced in yard:  supervised  unsupervised  
Leash walked only:   
Outside, unleashed, but supervised:   
Crate Trained (please elaborate on behavior inside of crates, how often they are left, etc.): \_\_\_\_\_  
\_\_\_\_\_  
Has your dog ever jumped a fence, or attempted to jump a fence unsuccessfully? If yes, describe the circumstances and the height.  
\_\_\_\_\_  
\_\_\_\_\_  
Is your dog startled by loud noises? Y N  
If yes, please elaborate: \_\_\_\_\_  
\_\_\_\_\_  
Does your dog have any sound sensitivities? Y N  
If yes, please elaborate: \_\_\_\_\_  
\_\_\_\_\_  
Is your dog housebroken? Y N  
If no, please elaborate: \_\_\_\_\_  
\_\_\_\_\_

### Medical History

Does your dog have any current medical conditions? \_\_\_\_\_  
Is your dog taking heartworm preventative? \_\_\_\_\_  
How Often? \_\_\_\_\_

Is your dog on flea/tick preventative? \_\_\_\_\_

Which products, and how often? \_\_\_\_\_

Is your dog taking any other medication and if so, what for? \_\_\_\_\_

Does your dog have any allergies? \_\_\_\_\_

### Personality & Preferences

What toys are provided for your dog? \_\_\_\_\_

What is their favorite toy? \_\_\_\_\_

Is your dog possessive over toys, food, or other objects? If so, please explain. \_\_\_\_\_

If your dog had something in their mouth that you did not want them to have, would they drop the object if asked? Would they let you take it from them?

How often and how much is your dog fed? \_\_\_\_\_

What is your dog's favorite treat? \_\_\_\_\_

Does your dog have a tendency to rip/shred items, such as bedding or toys? Y N

If yes, does your dog ever ingest these items? \_\_\_\_\_

If yes, what kinds of items will your dog rip up? \_\_\_\_\_

### Dog to Dog Interactions

How does your dog react when approached by other dogs in the home or yard? \_\_\_\_\_

How does your dog react when approached by other dogs out in public? \_\_\_\_\_

Does your dog react differently to other dogs depending on whether they are leashed? \_\_\_\_\_

Is your dog fearful of any types of dogs? \_\_\_\_\_

Are you fearful of any types of dogs? \_\_\_\_\_

Does your dog dislike a certain size, color, or breed of dog? \_\_\_\_\_

Does your dog play off-leash with other dogs? If yes, describe the circumstances: \_\_\_\_\_

Are there any other animals in your household? If yes, please list:

<i>Species</i>	<i>Name</i>	<i>Breed</i>	<i>Sex</i>	<i>Age</i>

## History

Has your dog ever bitten anyone? If so, please describe the circumstances: \_\_\_\_\_

\_\_\_\_\_

What is your dogs training history? Circle all that apply.

No Training	Trained Yourself	Puppy Kindergarten
Group Classes	Private Training Lessons	

Does your dog have any obedience titles, or awards? \_\_\_\_\_

IF APPLICABLE, where did you attend training classes? \_\_\_\_\_

1. What was the title of the course/s? \_\_\_\_\_

2. How long was the course? \_\_\_\_\_

3. Did you complete the program?    Y            N

IF APPLICABLE, what training services / trainer did you use? \_\_\_\_\_

What commands does your dog know, and how well?

**Their Name:**    Always    Usually    Needs Work    Never

**Sit:**    Always     Usually    Needs Work    Never

**Stay/Wait:**    Always    Usually     Needs Work    Never

**Down:**    Always    Usually    Needs Work    Never

**Come/Recall:**    Always     Usually    Needs Work     Never

**Drop it / Leave it:**    Always    Usually    Needs Work    Never

**Other Commands:** \_\_\_\_\_

Is your dog sensitive about any parts of their body? If yes, please explain: \_\_\_\_\_

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Are there any other issues or past events that you wish to address, or feel you should inform us about?

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**\* Current vaccination records must be attached for review prior to submitting your daycare application. \***