



### 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? \_\_\_\_\_

### 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.): \_\_\_\_\_

\_\_\_\_\_

### Medical History

Does your dog have any current medical conditions? \_\_\_\_\_

Is your dog taking heartworm preventative? \_\_\_\_\_

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How Often? \_\_\_\_\_

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

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

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

\_\_\_\_\_

### 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? \_\_\_\_\_

### 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? \_\_\_\_\_

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: \_\_\_\_\_

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

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