



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? _____

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? _____

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: _____

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. ***