



DOGGIE DAYCARE QUESTIONNAIRE

BASIC INFORMATION

Pet Name _____ Client Name: Last _____ First _____

Client Phone (H) _____ (C) _____ (W) _____ Email _____

Pet Description: Breed: _____ Color: _____ Age: _____

Sex: M / F Spayed/Neutered: Y / N Pet's Birthday: _____

Nicknames your dog responds to besides 1st name listed above: _____ None

Is your dog a 'rescue'? No Yes How long since rescued? _____ (Detail resulting unique behaviors on back)

Is your dog younger than 6 months at time of 1st attendance? No Yes

Was your adult dog neutered/spayed less than 3 months ago? No Yes

(ALL dogs over 6 months must be spayed/neutered)

Has your dog ever attended daycare? No Yes

Has your dog ever attended a dogpark? No Yes

VACCINATIONS *Guardian/Owner is required to provide veterinary proof of current and update Rabies, Distemper and Bordetella*

HEALTH

Flea/tick medicine? No Yes

Physical Health Issues - (check any that apply with details on back):

Allergies?/Source? _____ Treatments? _____

Arthritis/Soreness Where/When? _____ Treatments? _____

Overheating/Respiration (Chronic?) History & Severity? _____

Sensitivities? Where? _____ Solutions? _____

Veterinary Contact Information

Hospital Name _____ Vet. Name _____ Phone _____

Address _____

BEHAVIORS

What behaviors by your dog frustrate you? (check examples, give details, describe others)

- Barking excessively
- Dominance
- Hyperactivity / over-excitement
- Leash pulling
- Marking inside
- Play biting
- Poor greeting skills
- Poor potty training skills
- Poor recall-runs away
- Separation anxiety/clinginess/guarding
- Other: _____

Behavior Issues - *triggers of aggressive, fearful, out of control responses*

- Being picked up
- Collar grasped
- Children
- Dogs in general
- Doorbells
- Grooming tools
- Hats/uniforms
- Leashing
- Loud vehicles & noises
- Med delivery
- Men
- Strangers
- Vacuums/mops/brooms
- Fence jumping
- Other: _____

Fixations, Obsessions or Phobias: (check any that apply)

- Balls/toys
- Cats/squirrels
- Digging
- Feces/rocks (ingestion)
- Food/treats
- Insects
- Protectiveness of handlers/space
- Reflections/shadows
- Storms
- Other: _____

Please inform us of any triggers that lead to any of the following excessive behaviors:

_____ leads to biting/scratching _____ leads to screaming/crying
_____ leads to submissive urination _____ leads to barking
_____ leads to escape behaviors such as bolting through doors & gates, fence jumping

Has your dog played off-leash besides family dogs? No Yes **Regularly?** No Yes

If YES, rate results: Bad Ok Great List behaviors that make you nervous: _____

What command tells your dog to go to the bathroom outside? _____

OTHER

Emergency Contact: Last _____ First _____

Phone _____ Relationship _____

People authorized to drop off/pick up: _____

Any other details we should know: _____

Signature: _____ Date: _____