



Daycare Application & Pet Personality Profile

Client Information

Last Name: _____ First Name: _____

Street Address: _____ Apt: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Alternate Phone: _____

Work Phone: _____ E-mail: _____

Emergency Contact Name: _____

Phone: _____ Alternate Phone: _____

Pet Information

Name: _____ Birthdate: _____

Breed: _____ Sex: _____ Weight: _____

Current Animal Hospital: _____

Address: _____

Phone: _____

Is your dog spayed/neutered?
At what age?

Does your dog have a problem with fleas?

Where did you get your dog?

How long have you had your dog?

If adopted, do you know past history?

Are there any other animal in your household? (please list species, including breed/sex/age for any other dogs)

How does your dog get along with other animals in the family?

Is your dog afraid of any specific items or noises (thunder, fireworks, etc)?

Does your dog ever jump or attempt to jump over fences?

How does your dog react to strangers coming into your home or yard (bark, growl, friendly greeting)?

Do visitors bring their dog(s) to your home?
If yes, how does your dog react?

Has your dog ever growled at or bitten a person?
If yes, explain the circumstances:

How does your dog react to puppies?

Has he ever bitten or snapped at a puppy?

Are there any kinds of dogs or people your dog tends to fear or dislike?

How does your dog react to other dogs while out for a walk?

Does your dog act differently when he is on a leash compared to off leash (more aggressive)?

Does your dog like to play with other dogs or does he prefer to interact with people?

Has your dog ever growled or snapped at anyone/dog who has taken food/toys, etc away from him?
If yes, please explain:

Has your dog ever shared his food or toys with other dogs?

Does your dog show a preference for playing with male or female dogs?

Explain your dog's normal play behavior with other dogs (circle all that apply):

Barking Play Biting Neck Biting Pinning Body Slamming

Pawing/Batting Chasing Being Chased Jumping Play Bowing

Other (please explain):

Has your dog ever bitten another dog or been in a serious fight with another dog?
If yes, please explain:

Has your dog had any formal obedience training?
If so, when and who with?

Please circle any commands your dog knows:

sit lie down stay come leave it

drop it/release (something in mouth) **off/down** (jumping on someone/thing)

Please list other commands or phrases we should know about:

Has your dog ever attended daycare?
If so when and where?

Do you take your dog to a dog park or other area where he interacts with other dogs?

Does your dog have any allergies, medical problems, pain, or physical problems we should be aware of (hip dysplasia, previous surgeries, current medications)? If yes, please specify (including any restrictions that may need to be placed on your dog's activities or movements):

Is your dog allowed to have treats? Any restrictions?

What brand of food do you feed your dog?
How much and how often?

Any additional information about your dog that you feel may be important or helpful?

Signature: _____

Date: _____

STAFF USE:

Assessor's Name: _____

Date: _____

Recommend for Daycare?

Scheduled Evaluation/Contacted Owner?

Comments: