

LAST NAME _____

Best Little Dog House Daycare Questionnaire

While allowing your dog(s) the opportunity to participate in doggie daycare is a fun way to express themselves and get out of the house while you are slaving away, it is very important that it is a SAFE visit for everyone. Completing the questionnaire to the best of your ability is required for acceptance at the Best Little Dog House DAYCARE.

DOGS WILL BE DOGS AND THERE IS NO GUARANTEE THAT YOUR
DOG WILL NOT GET HURT _____ (INITIAL)

WE VOW TO DO EVERYTHING POSSIBLE FOR INJURIES TO NOT
HAPPEN _____ (BLDH INITIAL)

DOGS Name: _____

Sex: M / F MUST BE Spayed/Neutered

Age: _____ Birthdate: _____ Weight: _____

Breed: _____ Color: _____

Feeding Schedule:

Brand and Type of Food:

Is your dog allowed to have treats? Y / N (what type)

Any known allergies? _____

Where did you get this dog? _____

How long have you had him/her? _____

LAST NAME _____

If you have not had him/her from puppy hood, what do you know of its prior history?

Are there any other animals in the household?

What is the make up of your household?

Adult Males _____ Adult Females _____

Children/Ages _____

Which family member is your dog most fond of?

Which sex is your dog most fond of? M / F

Please describe your dogs overall temperament:

How does your dog react to other dogs? (Generally)

LAST NAME _____

(Inside your home)

Has your dog every participated in play at a dog park? Y / N

If yes how did he/she react with the other dogs?

How does your dog react to strangers?

Does your dog have any kinds of people he/she automatically fears or dislikes? Y / N

If yes describe:

Does your dog have any kinds of dog that he/she automatically fears or dislikes? Y / N

If yes describe:

Has your dog ever bitten someone? Y / N

If yes describe:

Has your dog ever been in a fight or bitten another dog? Y / N

If yes describe:

Has your dog ever escaped or attempted to escape by digging/jumping or climbing fences? Y / N

LAST NAME _____

If yes describe:

Does your dog jump on people? Y / N

If yes describe:

Do you walk your dog? Y / N How often?_____
Distance?_____

What other exercise does your dog receive?

How often? _____

What known behavioral problems does your dog have?

Does your dog have a circumstance or situation that he/she is frightened of? Y / N

If yes describe:

Describe how you would calm the dog during this situation:

Is your dog housebroken or crate trained?

LAST NAME _____

Does your dog play with toys? Y / N

What kind?

Is your dog toy possessive? Y / N

Describe:

Has your dog shared toys/food/water with other dogs before? Y / N

Where there any problems?

Has your dog ever played on playground equipment before? Y / N

Describe: _____

Does your dog prefer a particular sex of dog?

Describe: _____

LAST NAME _____

Has your dog ever received any formal training? Y / N

Where and When?

Does your dog know any commands? Y / N

Describe: _____

What special commands does your dog know?

Bathroom Command: _____

Quiet Command: _____

Play Command: _____

What do you do with him/her when you leave the home?

How does he/she react when you get home?

Does your dog have any health concerns that you are aware of? Y / N

LAST NAME _____

Describe:

Does your dog have any medical restrictions on his/her activities? Y / N

Describe:

Is your dog currently on any medication? Y / N

Describe:

Does your dog have any allergies? Y / N

Describe:

Does your dog like to receive brushings? Y / N

How often is he/she brushed?_____

How does your dog react to getting his/her nails clipped?

LAST NAME _____

Does your dog have any areas on his/her body that he/she does not like to be touched? Y / N

Describe:

Does your dog have a special place that he/she likes to be petted or rubbed? Y / N

Describe: _____

Does your dog receive flea and tick preventative? Y / N

Brand: _____ Type: _____

Frequency: _____

Is there anything else that you believe we should know about your dog?

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THANK YOU VERY MUCH!!!

LAST NAME _____