



DOGGIE DAYCARE QUESTIONNAIRE

Pet Name: _____ Client Name: Last _____, First _____

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

Pet Description: Breed: _____ Color: _____ Age: _____ Sex: M F

Spayed/Neutered: Y N

1. Is your dog younger than 6 months at the time of 1st attendance? NO YES

Was your dog neutered/spayed less than 3 months ago? NO YES

2. Nicknames your dog responds to besides 1st name listed above: _____
(ALL Doggie Daycare dogs over 6 months must be Spayed/Neutered)

3. Is your dog a "rescue"? NO YES How long since rescued? _____ NONE
(Detail resulting behaviors on back)

4. Physical Health Issues - (Check any that apply with details on back)

Allergies? Source? _____ Treatments? _____

Arthritis/Soreness When/Where? _____ Treatments? _____

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

Sensitivities? Where? _____ Solutions? _____

5. 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 potting training skills
- Poor recall (Runs away)
- Separation anxiety/clinginess/guarding

6. Behavior Issues -
Triggers of aggressive, fearful, out of control responses (check any that apply and add any others)

- Being picked up
- Collar grasped
- Children
- Dogs in general or particular type
- Doorbells
- Grooming tools
- Hats/Uniforms
- Leashing
- Loud vehicles & noises
- Med delivery
- Men
- Strangers
- Vacuums/mops/brooms
- Other _____

7. 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 _____

8. Please inform us of any triggers that lead to any of the following excessive behaviors:
_____ leads to biting/scratching _____ leads to screaming/crying out _____ leads to submissive urination _____ leads to barking _____ leads to escape behaviors such as bolting through doors & gates, fence jumping

9. Has your dog played off-leash with dogs besides family dogs? NO YES Regularly? NO YES

If YES, rate results: BAD OKAY GREAT List behaviors that made you nervous: _____

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

11. Is your dog allowed on furniture at home? NO YES

12. Has your dog been through: PUPPY CLASSES ADULT OBEDIENCE NONE
Are you interested in training information? NO YES

13. How did you learn about Doggie Daycare? _____

14. What do you foresee as your attendance needs and your expectations for your dog regarding our Doggie Daycare program?

15. Would you like to receive digital photos and/or video clips of your dog?
How would you like to receive them? INSTAGRAM: _____ EMAIL: _____