



DOGGY DAYCARE QUESTIONNAIRE

Pet Name: _____ Client (Last) Name: _____ Client (First) Name: _____

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

Address: _____ City: _____ Postal Code: _____

Authorized to Pick-Up: _____ Is brushing the dog allowed? [YES] [NO]

Emergency Contact (Name): _____ Emergency (#): _____

Pet Description: Breed: _____ Colour: _____ Age: _____ Sex: [M] [F]

Spayed/Neutered: [YES] [NO] Weight: _____ Pets Birthday: _____

Is your dog micro-chipped? [YES] [NO] Chip #: _____ *We have a chip reader*

***Necessary Vaccines:** Rabies, Distemper & Bordetella* ~ **Bring Vaccination Records**

Flee medication required; can administer at a cost if dog does not have already

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

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

2. Nicknames your dog responds to aside from given name: _____ [NONE]

3. Is your dog a "rescue"? [YES] [NO] How long since rescued? _____

4. Is your dog crate trained: [YES] [NO]

5. Has your dog ever been in a boarding kennel? [YES] [NO]

- How was the experience?

6. **Physical Health Issues** – (Fill any that apply w/ details on back) **[Nail trim offered for \$10.00]**

Allergies? Source? _____ Treatments? _____

Arthritis / Soreness? Source? _____ Treatments? _____

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

Sensitivities? Where? _____ Solutions? _____

Name of Vet Clinic: _____ Phone Number: _____

Is your dog up to date on all shots? [YES] [NO] Preferred Vet: _____

[FYI: We provide treats and meds are possibly given in peanut butter, cheese or pill pockets]

Is your dog allowed treats? [YES] [NO]

7. What behaviours 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 Skills Separation Anxiety / Clinginess / Guarding
-

8. Behaviour Issues ~ Trigger aggressive, fearful, out of control responses;

(Check any that apply and add any others):

- Men Strangers Vacuums/Brooms/Mops Children Hats / Uniforms
 Dogs in general or particular types Grooming Tools Leashing Other: _____
 Loud Vehicles & Noises Med Delivery Being Picked Up Collar Grasped Doorbells

9. Fixations, Obsessions or Phobias – (Check any that apply):

- Balls / Toys Cats / Squirrels / Rabbits Digging Feces / Rocks (Ingestion)
 Food / Treats Insects Protectiveness of Handlers/Space
 Reflections / Shadows Storms Others: _____

What is your dogs favourite toy: _____

10. Please inform us of any triggers that lead to any of the following excessive behaviours:

_____ leads to biting/scratching _____ leads to screaming/crying out
_____ leads to submissive urination _____ leads to barking/whining
_____ leads to escape behaviours (i.e. Bolting through doors & gates, fence jumping)

11. Has your dog played off-leash with dogs besides family dogs? [YES] [NO]

Regularly? [YES] [NO] **If YES, rate results:** [BAD] [OKAY] [GREAT]

List behaviours that made you nervous: _____

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

13. Is your dog allowed on the furniture at home? [YES] [NO]

14. Has your dog been through: PUPPY CLASSES [] **ADULT OBEDIENCE** [] **NONE** []

***Are you interested in training information?** [YES] [NO]*

15. How did you hear about our Doggy Daycare? _____

16. What do you foresee as your attendance needs and your expectations for your dog regarding our doggy daycare program? _____

17. Would you like to receive photos and/or video of your dog? [NO][PHOTOS][VIDEOS]

How would you like to receive them? [TEXT only] [EMAIL only] [EITHER]

Where would you like them sent? Phone #: _____ Email: _____

We love to show off our pack. Can we post pictures and videos of your pet on our social media platforms? [YES] [NO]

Is there any other information that we have not asked that you would like to share with us?
