

**Daycare Assessment Form – Step 1: Client Survey***.*

***Is your dog interested in Daycare? Please complete this questionnaire to assist us placing your dog in the correct play group. One form per pet, please***

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| Pet Parent’s Name(s): | Today’s Date: |

Email:

**\* All daycare candidates over 8 months ???? of age MUST Spayed or Neutered.**

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| Dog’s Name: | | Breed: | Age: | |
| How long has your dog been a part of your family? | | Years: | | Months: |
| Where did you get your dog?  Newspaper Ad Breeder Pet Store  Animal Shelter Animal Rescue Group  Friend Found As Stray  Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | If adopted, what knowledge do you have of your dog’s past history? | | | |

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| Does your dog have allergies to food or other things?    Yes No | If Yes, please explain: |

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| **General Behavior and Background** |
| Has your dog had prior off leash play experience? (other than at home) |
| Has your dog had any prior dog socialization?  Daycare/group play at a facility Dog parks Family dogs only None Expelled from Daycare in past  Other: Please describe: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| What is your dogs normal play style?  Easygoing/passive Wrestle/Chase/Vocal during play Chases squirrels/cats/other Rough/Nonstop/dominant  Other: Please describe: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| What is your dog’s behavior when upset?  Moves away/hides/submissive Barks/Shakes/Whimpers Grumpy/growls/”Gets a look” |
| Does your pet like to share?  FOOD: Will share food with others Protects food from others Becomes aggressive with food/must separate  TOYS: Will share toys with others Is possessive with toys Becomes protective/aggressive with toys  Can you take these items away without your pet growling? Yes No |
| Are there any areas on your pet’s body he/she does not like to be touched? Yes No If yes, where? |
| Are there any types of people, dogs, or things that he/she dislikes, is fearful of, or is uncomfortable with? Yes No If yes, please explain: |
| Has your dog ever bitten another dog or been attacked by another dog? Yes No If yes, what were the circumstances and how did you respond? |
| Has your dog ever bitten or growled at you or someone else? Yes No If yes, what were the circumstances and how did you respond? |
| Is your dog frightened by thunderstorms or loud noises? Yes No If yes, describe typical behavior & what specifically helps your dog’s fear. |
| Has your dog ever climbed/jumped a fence? Yes No |
| Does your dog have any restrictions? |

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| Which commands does your dog know? (Please check all that apply.)  Sit Stay Down Come Heel Rollover Kisses High Five  Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Does your dog know any tricks? Yes No If yes, please list which ones. |
| What kind of a collar do you use to walk your dog?  Buckle Nylon/Chain Sliding Ring Harness Head Collar Prong/Pinch |
| Is it effective in keeping them under control? Yes No |
| Does your dog have a command to go to the bathroom? If yes, what is the command?    Yes No Command: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Does your dog have a command to be quiet? If yes, what is the command?    Yes No Command: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Does your dog respond to any commands or hand signals? If yes, what are they?    Yes No Commands or signals: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Is your dog crate trained? Yes No |
| Does your dog have any problems in any of the following areas? If yes, please explain.  a) Mouthiness: Yes No b) Housetraining: Yes No c) Barking: Yes No  d) Digging: Yes No e) Ignoring commands: Yes No |

**Training/Obedience**