



Daycare Evaluation Questionnaire

Owner's Name: _____ Date: _____

Dog's Name: _____ Breed: _____ Age: _____

Select one of the following. My dog is: Spayed Neutered Intact

(Please refer to our website for our Daycare Spay/Neuter policy.)

How long has your pet lived in your home? _____

Does your pet have a flat buckle collar with an engraved ID tag or embroidered collar? Yes No

Socialization and Training History

Does your pet have a dog crate or equivalent at home? Yes No

• If yes, how does your pet react to it? _____

Has your pet been to a dog daycare or dog park before? Yes No

• If yes, please note the name of the daycare. _____

How does/did your dog react to the other dogs? _____

Behavior

Does your pet demonstrate any of the following behaviors? (check all that apply)

- | | | |
|---|--|---|
| <input type="checkbox"/> Jumping Up on Family/
Friends/Strangers | <input type="checkbox"/> Hand Shy/Flinching/
Sensitive to Touch | <input type="checkbox"/> Humping people or dogs |
| <input type="checkbox"/> Toy Possessiveness | <input type="checkbox"/> Excessive Barking | <input type="checkbox"/> Submissive Urination |
| <input type="checkbox"/> Resource Guarding | <input type="checkbox"/> Separation Anxiety | <input type="checkbox"/> Pica (Eating non-food objects) |
| <input type="checkbox"/> Leash Aggression | <input type="checkbox"/> People Protectiveness | <input type="checkbox"/> Prey Drive |

Please note anything else we should be aware of regarding your pet's behavior so we may better understand him/her.

(i.e. fears, quirks) _____

Health

Does your pet have any allergies? Yes No

Are there health problems or injuries we should know about to better understand your pet? Yes No

• If yes, please explain. _____

Signature: _____ Date: _____