Daycare Application

We love dogs and want your dog to love coming to our daycare. No one knows your pet better than you do. This application will help us know more about your dog and how he/she might fit into our playgroups.

Owners name:_____Date:_____

Phone Number:_____Email:_____

Dog Information

Submit one application per dog

Dogs Name:	Breed: (if unknown list 2 dominate breeds in behavior)
1a. Date of Birth 1b. How long have you owned your dog:	Years Months:
1c. Is your dog spayed/neutered? Yes___ No____	If no, When?

2. Where did you get your dog?_____ Options: -newspaper ad -breeder - pet store -animal shelter -animal rescue group -friend -found as a stray Other_____	What past knowledge do you have of dog's past?

3. Why are you considering our off-leash dog program for your dog? (check all that apply)
   - ☐ Play With other dogs
   - ☐ So not home alone check if __ exhibits symptoms of separation anxiety
   - ☐ Exercise check one: __primary source of exercise __additional source of exercise
   - ☐ Recommended by other pet professional (trainer, vet, etc) Reason:_____

4. Which of the following best describes your dogs level socialization with other dogs:
   - ☐ None -no knowledge of other dog interaction
   - ☐ Minimal - on leash encounters only
   - ☐ Moderate - some off-leash playtime on occasion with visitors/neighbors/friends dog
   - ☐ Extensive - regular visits to dog social events, off-leash dog parks, dog daycare, etc.

5a. Has your dog had any problems previously in an off-leash social environment?
   - ☐ No
   - ☐ Yes, (check all that apply)
   - ☐ Altercation or fight at a public dog park
   - ☐ Altercation or fight with a neighbor or friends or friends dog
   - ☐ Fearful reaction in a group of dogs

☐ Dismissed from a prior dog daycare or social playgroup program (complete item 5b)

5b. Only complete if you answered yes in 5a that your dog was dismissed from a prior program.
What reason were you given as to why your dog was dismissed?
Check each statement below that applies:

☐ My dog was injured, no medical treatment required
☐ My dog was injured and required medical treatment
☐ Another dog was injured, no medical treatment required
☐ Another dog was injured, medical treatment required
☐ A person was injured, no medical treatment required
☐ A person was injured and required medical treatment

Any comments:

6. Please describe your dogs flea/tick prevention program:

7. Does your dog have any allergies? If so, what?

8. Does your dog have any physical disabilities? Yes No
Please explain disability and cause and any restrictions needed:

9. Does your dog have any medical conditions? Yes No
If yes, explain:

10. How often do you brush or comb your dogs fur?

11. How does your dog react to having his/her nails clipped?

12. Does your dog have any sensitive areas on his/her body? No Yes
If yes, explain:

13. Where are your dogs favorite petting spots?

14. How often is your dog walked outside?

15. How long are your walks?

16. Check the box below that accurately represents your dog's overall level of exercise routine:

☐ Couch potato: spends days sleeping, occasional walks and/or playtime with humans or other dogs
☐ Mild exerciser: Short daily walks and/or regular playtime with human or other dogs.
☐ Moderate exercise: Long or multiple walks daily and/or regular playtime with human or dogs.
☐ Athlete: Regular jogs/runs and/or regular participation in a dog sport activity such as agility, flyball, frisbee, etc.

Household Information:

17. Complete table with information on other pets in household:

Breed:	Age:	Sex:	Spayed/Neutered
1.			
2.			
3.			
4.			

Do you have cats?	How does your dog get along with your cat?
Yes_____ No_____	

19a. Does your dog like children? Yes_____ No_____
19b. How does your dog behave around children?
20. Do any visitors bring their dogs to your house? Yes_____ No_____ If yes, how do they get along?
21. How does your dog react to a stranger coming into your yard?
22. Does your dog ever bark or growl at anyone passing outside your house or yard? Yes _____ No_____ If yes, Please Explain:
23. Are there any types and/or breeds of dogs your dog seems to automatically fear or dislike? Yes_____ No_____ If yes, Please explain:
24. How does your dog react to puppies?
25. How does your dog react to another dog approaching him/her in a park, at the beach, or on a walk? a. On a leash b. Off leash
26. Does your dog play with other dogs? Yes _____ No_____ If yes, which type? - Male and female - Only Males

- Only females

Please describe size, breed, & temperament of the other dogs

27. What kind of games does your dog play with people?

28. Does you dog share his food/toys with other animals? Yes____ No_____

If yes, how does your dog react when a dog approaches his/her toys/food?

29. What behaviors does your dog know? (please check all that apply)
- ☐ Sit
- ☐ Stay
- ☐ Down
- ☐ Come
- ☐ Heel
- ☐ Roll over
- ☐ Kisses
- ☐ High Five

30. How did your dog get his/her obedience training?

31. Which of the following best describes the use of obedience cues with your dog at home?
- ☐ Key part of daily communication
- ☐ Used when we go on walks or have people over
- ☐ Used occasionally to better control behavior
- ☐ Rarely used
- ☐ Not applicable

32. Does your dog jump on people?
If yes, explain what the circumstances:

33. What does your dog do to show he/she is happy?

34. What does your dog do to show he/she is upset?

35. Does your dog have any problems with the following areas? If yes, please explain:
- ☐ Mouthing_____
- ☐ House training_____
- ☐ Barking_____
- ☐ Digging_____
- ☐ Ignoring Cues_____

36. Does your dog know any trick? If yes, please describe:

Dog Behavior Information

37. Are there any particular types of people your dog seems to automatically fear of dislike?
38. Has your dog ever growled at someone? Yes_____ No_____ If yes, what were the circumstances, and how did you respond?
39. Has your dog ever bitten a person? Yes _____ No If yes, what were the circumstances, and how did you respond?
40. Has your dog ever bitten an animal? Yes____ No ____ If yes, what were the circumstances, and how did you respond? Please describe any injuries that happened.
41. To the best of your knowledge, what does your dog do when your not at home?
42. Has your dog ever climbed or jumped a fence? Yes___ No_____ If yes, what were the circumstances, how high was the fence?
43. Has your dog ever escaped your house or yard? Yes___ No____ If yes, what were the circumstances?
44. How would you describe the energy level of your dog? ☐ Low ☐ Moderate ☐ High
45. Has your dog ever chased or wanted to chase a small animal? Yes____ No____ If yes, what were the circumstances?
46. Has your dog ever chased someone on a bicycle or skateboard? Yes___ No___ If yes, what were the circumstances?
47. Is your dog frightened by thunderstorms? Yes____ No_____ If yes, describe typical behavior and what helps relax your dog's fear:
48. Is your dog frightened or nervous around anything else? Yes ____ No_____ If yes, explain:

49. Does your dog play with any toys? Yes ___ No____ What toys?
50. Has your dog ever growled or snapped at someone taking his/her toys? If yes, please explain the circumstances and how you responded:
51. Has your dog ever growled or snapped at another dog that took his/her toy? If yes, please explain the circumstances and how you responded:
52. Have you ever noticed your dog stopping and staring at another animal? Yes ____ No___ If yes, please explain circumstances:
53. Other comments or information we should know about your pet?

Thank you for spending time filling this form out. Please let us know if you have any questions, we look forward to seeing you on evaluation day.

Besa Pets