

DOGGIE DAYCARE QUESTIONNAIRE



CREEKSIDE
24/7
PET CARE CENTER

Pet Name _____ Client Name: Last _____, First _____

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

Pet Description: Breed: _____ Color: _____ Age: _____ Sex: M F Spayed/Neutered: Y N
Pet's Birthday: _____

1. Is your dog younger than 6 months at time of 1st attendance? NO YES
Was your adult dog neutered/spayed less than 3 mos. ago? NO YES (ALL Doggie Daycare dogs over 6 months must be Spayed/Neutered)

2. Nicknames your dog responds to besides 1st name listed above : _____ NONE

3. Is your dog a "rescue" ? NO YES How long since rescued? _____ (Detail resulting unique behaviors on back)

4. Physical Health Issues - (check any that apply with details on back): (FYI: We provide Milk-Bone® treats and meds are given in peanut butter, cheese, or pill pockets.)

Allergies? Source? _____ Treatments? _____

Arthritis / Soreness Where/When? _____ 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 potty 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 OK 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
Was training through K-9direction.com with Alan Brown? NO YES Are you interested in training information? NO YES

13. How did you learn about our 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? NO PHOTOS VIDEO clips
How would you like to receive them? TEXT only EMAIL only EITHER
Where would like them sent? Phone # _____ Email Address _____