

GENERAL INFORMATION:

Dog's name: _____
How long have you owned your dog? _____
Did you purchase or adopt the dog? _____
Where did you get your dog? _____
Has your dog ever attended doggie day care? _____

Your Household:

No. Of people living there: _____
Male/Female adults: _____
Male/Female children: _____
How does your dog interact with children? _____
Any other animals in the household? _____
How does your dog interact with other animals in the house? _____

Health:

Is your dog on flea prevention? _____
What Kind? _____
List any current or chronic medical problems: _____
List any medications your dog is currently taking: _____
Do they need to be given while your dog is at our facility? _____
Any allergies or food sensitivities? _____
What brand of food do you use? _____
How often and how much is your dog fed? _____

Dog Behavior:

Does your dog have regular interaction with other dogs? _____
How does your pet act with other dogs or strangers coming into your home or yard?

Does your dog bark or growl at other people or other dogs? _____
Any fears or dislikes? _____
Are there certain breeds your dog does not interact well with? _____
How do they react with puppies? _____
Describe your dogs daily routine when you are not home: _____

Does your dog have separation anxiety when left alone? _____
Has your dog ever been destructive in your home? If yes explain _____

Does your dog stay in a kennel, cage, garage, backyard, or free run of the house when you are not home? _____

Do they have a dog door for outside access? _____

How often does your dog go outside for walks? _____

Is this on lead or off lead? _____

How does your dog do with other dogs approaching during walks? _____

Does your dog jump on people? _____

Has your dog ever bitten someone? If yes, describe circumstances: _____

Has your dog ever been into a fight with another dog(s)? If yes, describe circumstances: _____

Has your dog been known to jump over fences or break out of kennels? _____

Is your dog frightened or nervous with thunderstorms or any other noises? _____

Has your dog ever growled or snapped at someone for taking away their toys or food? _____

Does your dog share food/toys with other dogs? _____

What kinds of dogs does your dog like to play with? Male or female, small or big preference? _____

What type of exercise is your dog used to? _____

What are your dogs favorite petting spots? _____

Obedience Training:

Has your dog ever had formal obedience training: _____ If so, how long ago? _____

What commands does your dog know? _____

Are these verbal or hand commands? _____

Does your dog have a bathroom command? _____

Does your dog have a quiet command? _____

Is your dog crate trained? _____

Where does your dog sleep at night? _____

Are they allowed on furniture? _____

Any other information about your dog that you would like to share? _____

*Thank you for taking the time to fill out this lengthy form. This will help the staff at K-9 Lounge, make sure your dog feels at home when they are in our care.