

First Day of Daycare Questionnaire

Client's Name: _____ Date: _____

Dog's Name: _____ Birthdate/Approximate Age: _____

What age was your dog when you acquired it? _____

Where did you acquire your dog?

Shelter Breeder Private Adoption

Social Background

Does your dog live with other dogs? How Many? _____ Ages? _____

Does your dog go to dog parks? Yes No

Does your dog do well with other dogs? Yes No

Your dog interacts best with:

Calm Playful Smaller Same Size Bigger Dogs Individual Play

Please explain: _____

Has your dog done boarding or daycare prior to today? If so, where: _____

Behavioral

How does your dog behave during thunderstorms? _____

Has your dog ever dug under or jumped over a fence? Yes No

If yes, please explain: _____

Has your dog ever shown signs of food aggression? Yes No

If yes, towards other dogs or humans? _____

Circumstances: _____

Has your dog ever been in a fight? Yes No

If so, please explain: _____

Has your dog ever bitten another dog? _____

Has your dog ever bitten a human? _____

Health

Does your dog have any food allergies? If yes, please list: _____

Is your dog prone to overheating? Yes No

Does your dog have any health issues that would require restrictions for play time? Yes No

If yes, please explain: _____