

New Customer Application

For all our first time guests, please complete this form prior to give us the best information about how to care for your fur baby! You can fill out this form and bring it to our facility upon your arrival.

Owner's Name(s):	Today's Date:
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Dog Information

Please submit 1 application for each dog who you would like to have in off-leash play

Dog's Name:	Breed: (if a mix, list 2 predominant breeds in behavior)
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Daycare Dogs

1. Current age:	Years:	Months:
<p>2. Why are you considering our off-leash dog play program for your dog? (check all that apply)</p> <p><input type="checkbox"/> Play with other dogs</p> <p><input type="checkbox"/> So not home alone; check if <input type="checkbox"/> exhibits symptoms of separation anxiety</p> <p><input type="checkbox"/> Exercise: <input type="checkbox"/> Primary source or <input type="checkbox"/> Additional source of exercise</p> <p><input type="checkbox"/> Recommended by other pet professional (trainer, vet, etc.) Reason:</p> <p><input type="checkbox"/> I'm not considering off-leash play</p>		
<p>3a. Has your dog had any problems previously in an off-leash social environment?</p> <p><input type="checkbox"/> Yes, (check all that apply)</p> <p><input type="checkbox"/> Altercation or fight at a public dog park</p> <p><input type="checkbox"/> Altercation or fight with a neighbor or friend's dog</p> <p><input type="checkbox"/> Fearful reaction in a group of dogs</p> <p><input type="checkbox"/> Dismissed from prior dog daycare or social playgroup program (see 3b)</p> <p><input type="checkbox"/> Other (please describe):</p>		

3b. *Only complete if you answered yes in 3a 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 to the situation that resulted in your dog's dismissal.

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

Provide any other comments you want us to know about this situation:

Your Pet's Health

4. Please describe your dog's flea/tick control and prevention program:

5. Does your dog have any allergies? Yes. No. If yes, please explain:

6. Does your dog have any physical disabilities? Yes. No.

Please explain disability & cause:

If answered yes, what restrictions need to be placed on your dog's activities or movements?

- No jumping No running No hard play No contact with other dogs
- Other (please explain):

7. Does your dog have any medical conditions? Yes. No.

If yes, please explain:

If medication is used to control the condition, please provide name and dosage:

8. Provide details of your dog's diet:
- a. *type* (kibble, canned, raw/natural):
 - b. *brand* (Innova, Iams, Purina, etc.):
 - c. *primary protein source*:
 - d. *feeding schedule*:

9. On what type of surface does your dog generally go to the bathroom?

10. Does your dog have any bathroom-related issues or concerns?

11. How frequently is your dog walked outside?

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

- Couch Potato: Spends day sleeping, occasional walks and/or playtime
- Mild Exerciser: Short daily walks and/or regular playtime
- Moderate Exerciser: Long or multiple walks daily and/or regular playtime
- Athlete: Regular jogs/runs and/or regular participation in a dog sport activity such as agility, flyball, frisbee, etc.

13. In an emergency, who would you like us to call first? You or your vet?

Household information

14. How does your dog react to another dog approaching him/her in a park, at the beach or on a walk? (Please list behaviors on and off leash)

15. Does your dog play with other pets? Yes. No.

17. Has your dog ever shared his/her food or toys with other animals?

Yes. No.

If yes, how does your dog react to another dog approaching his/her food/toys?

18. Which commandments does your dog know? (check all that apply)

Sit Stay Down Come Heel Rollover Kisses High Five
 Other:

19. What kind of collar do you use to walk your dog?

Buckle Nylon/Chain Choke Collar Harness-leash clips on back
 Harness-front clip Head Collar Prong/Pinch Other:

20. Where does your dog sleep?

Inside the house Outside the house Inside/outside-varies

21. Does your dog have any issues in the following areas?

If yes, please explain

- Mouthing:
- Housetraining:
- Barking:
- Digging:
- Ignoring commands:

Dog Behavior Information

22. Has your dog ever bitten a person? Yes. No.

If yes, what were the circumstances and how did you respond? Please describe the injuries (if any).

23. Has your dog ever bitten another animal? Yes. No.

If yes, what were the circumstances and how did you respond? Please describe the injuries (if any).

24. Has your dog ever climbed/jumped a fence? Yes. No.

If yes, what were the circumstances? How high was the fence?

25. Is your dog frightened by thunderstorms or fireworks? Yes. No.

26. Does your dog play with any toys? Yes. No.

If yes, what kind of toys does your dog like?

34. Other comments or information about your dog that you feel might be helpful?

Thank you for the time you spent completing the application form. We look forward to meeting you and your dog on evaluation day. Please contact us at if you have any questions on the next steps of the evaluation process.