



DAYCARE INTAKE FORM

Owner's Name: _____ Homie's Name: _____

Breed: _____ Age: _____ Sex: _____ Status: Neutered Spayed Unaltered

How long have you had your dog? _____ Where did you get your dog? _____

Do you have any other animals in the house? _____ Kids? _____

Does your dog have any medical issues? Yes No Is your dog on any medications? Yes No

Has your dog played with other dogs before? Yes. No If yes, how many "friends" do they have? _____

Has your dog ever bitten a person or other dog? Yes No Does your dog have a microchip? Yes No

Has your dog been to daycare before? Yes No Has your dog been to the dog park before? Yes No.

If your dog has been to daycare, have they ever been dismissed? Yes No If yes, please explain:

This does not disqualify your dog for daycare as environments & handling differ from daycare to daycare

What is your main objective with daycare services? Socialization Exercise Dog Sitting

Has your dog completed basic obedience training? Yes No If yes, where at and how long ago?

How frequently do you take your dog on a walk per week? Daily 0-1 2-3 4-5

Has your dog ever been into a fight with another dog? Have they ever been bitten?

In a few words describe your dog's play style: _____

What does your dog do when they get upset? _____

Does your dog have any of the following behaviors?

Mounting Marking Chewing Drooling/Panting Eating Waste Loose Stool Leash Reactive

Food Aggressive Not House Trained Shy Fearful Anxious Jump Gates/Fences Escape Artist

Separation Anxiety Play Biting Jump on People Excessive Barking Toy Aggressive Crate Trained