



www.PawPawsDogHouse.com

817-548-8485

Date _____

Dogs Name: _____ Owner Name: _____

Breed: _____ Owner Daytime ph: _____

Birthday: _____ Age _____

Male Female Neutered Spayed At what age? _____

When did you acquire your dog? _____

Where did you obtain your dog? (breeder, shelter, found, ext.) _____

Are there any other pets in your household? Yes No

If so, please list

	Breed	Age	M/F	Altered
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____
4.	_____	_____	_____	_____

Please check all that apply to your dog.

- Allowed to run free in the home: Supervised/ Unsupervised
- Allowed to run free in a fenced yard: Supervised/ Unsupervised
- Jumped fence in a yard: Height: _____
- Leash walked only:
- Outside and unleashed but supervised

What is your dog's training history? (Please check all that apply)

- No training
- Group class- basic
- Obedience titles/ awards
- Trained yourself
- Group class- advanced
- Agility
- Puppy kindergarten
- Private training sessions
- Other, Please explain: _____

Does your dog have problems with any of the following :

Barking Digging Jumping Mouthing

If so, please explain:

Is your dog possessive of toys, food or object? Yes / No

If yes, please explain

Has your dog ever shared his food/ toys with other animals? Yes / No

Has your dog ever growled or snapped at anyone taking food or toys away? Yes / No

If yes, please explain

How does your dog react when strangers approach the home, yard or out in public?

Is your dog afraid of other dogs? Yes / No

If yes, please explain

Does your dog play off leash with other dogs? Yes / No

Briefly describe:

Does your dog prefer to play with: Male Female

How does your dog react to puppies?

Has your dog ever growled at someone? Yes / No

If yes, please explain:

Has your dog ever bitten someone? Yes / No

If yes, please explain:

Does your dog have problems in any of the following areas?

Sensitive body parts:

Paws Tail Hindquarters

Grooming

Being Brushed Nails being clipped

Are there any physical disabilities which may affect your dog while in daycare? Yes / No

If yes, please explain:

Are there other issues that you wish to address, or feel you would inform us of, and how of a problem do you consider the behavior to be?

Issue	Very Serious	Serious	Not Serious
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____

Is your dog frightened by thunderstorms, loud noise, objects, or other situations? Yes / No
If so, please explain:

How much exercise is your dog presently getting?

Daily walk Walk 1-3 times a week Weekly off leash romp
Daily off leash romp Couch potato Other: _____

Has your dog ever attended another daycare? Yes / No

If so, please list the names of the facilities. _____

What is the main reason you have chosen dog daycare for your pet? _____
