



LUXURY PET RESORT

## Doggy Daycare Application

Owner's First and Last Name \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Email Address \_\_\_\_\_ Telephone Number \_\_\_\_\_

Dog's Name \_\_\_\_\_ Current age \_\_\_\_\_

Breed (if a mix, please list two most prominent breeds) \_\_\_\_\_

1. How long have you owned your dog? Select one:
  - a. Newspaper Ad
  - b. Breeder
  - c. Pet Store
  - d. Animal Shelter
  - e. Animal Rescue Group
  - f. Friend
  - g. Found As Stray
  - h. Other: \_\_\_\_\_
  
2. What knowledge do you have of your dog's past history? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
  
3. Why are you considering our off-leash program for your dog? Check all that apply:  
 Play with other dogs  
 So not home alone; check if  exhibits signs of separation anxiety  
 Exercise:  primary or  additional source of exercise  
 Recommended by other pet professional (trainer, vet, etc.); reason \_\_\_\_\_  
 Other: \_\_\_\_\_
  
4. Which of the following best describes your dog's level of socialization with other dogs:
  - a. None – no knowledge of other dog interaction
  - b. Minimal – on leash encounters only
  - c. Moderate – some off leash playtime on occasion with visitor/neighbor/friend's dog
  - d. Extensive – Regular visits to social events, off-leash dog parks, dog daycare, etc.
  
5. Has your dog had any problems previously in an off-leash social environment?
  - a. No
  - b. Yes (check all that apply)  
 Altercation or fight at a public dog park  
 Altercation or fight with a neighbor or friend's dog  
 Fearful reaction to a group of dogs  
 Dismissed from a prior doggy daycare or social playgroup program  
 Other (please describe) \_\_\_\_\_

6. (Only complete if you answered yes 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.
- a. My dog was injured, no medical attention required.
  - b. My dog was injured and required medical treatment.
  - c. Another dog was injured, no medical treatment required.
  - d. Another dog was injured and required medical attention.
  - e. A person was injured, no medical attention required.
  - f. A person was injured and required medical attention.
  - g. Provide any other comments you want us to know about this situation: \_\_\_\_\_

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7. Please describe your dog's flea/tick control and prevention program: \_\_\_\_\_

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8. Does your dog have any allergies, food, environmental, or other?
- a. Yes
  - b. No
  - c. Please describe: \_\_\_\_\_

9. Does your dog have any physical disabilities?
- a. Yes
  - b. No

10. If yes, what restrictions need to be placed on your dog's activities or movements? Check all that apply:
- a. No running
  - b. No jumping
  - c. No hard play
  - d. No contact with other dogs
  - e. Other (please explain): \_\_\_\_\_

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11. Does your dog have any medical conditions?
- a. Yes
  - b. No

12. If yes, please explain. If medication is used to control the condition, please provide the name and dosage. \_\_\_\_

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13. Provide details of your dog's diet:
- a. Type: \_\_\_\_\_
  - b. Brand: \_\_\_\_\_
  - c. Primary protein source: \_\_\_\_\_
  - d. Feeding schedule: \_\_\_\_\_
14. On what type of surface does your dog generally go to the bathroom (e.g. grass, mulch, pee pads)? \_\_\_\_\_  
\_\_\_\_\_
15. Does your dog have any bathroom-related issues or concerns? \_\_\_\_\_  
\_\_\_\_\_
16. How often do you brush or comb your dog's coat? \_\_\_\_\_  
\_\_\_\_\_
17. How does your dog react to having his or her nails clipped? \_\_\_\_\_  
\_\_\_\_\_
18. Does your dog like to be brushed?
- a. Yes
  - b. No
  - c. If no, what have you done to make it more enjoyable? \_\_\_\_\_  
\_\_\_\_\_
19. Does your dog have any sensitive areas on his or her body?
- a. Yes
  - b. No
  - c. If yes, where? \_\_\_\_\_
20. Where are your dog's favorite petting spots? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
21. How frequently is your dog walked outside? \_\_\_\_\_  
How long are your walks? \_\_\_\_\_
22. Check the box below that best represents your dog's overall level of exercise routine:
- Couch potato: Spends days sleeping, occasional walks and/or playtime with humans or other dogs
  - Mild exerciser: Short daily walks and/or regular playtime with humans or other dogs
  - Moderate exerciser: Long or multiple walks daily and/or regular playtime with humans or dogs
  - Athlete: Regular jogs/runs and/or regular participation in a dog sport activity such as agility, flyball, Frisbee, etc.
23. Please provide information about other pets in your household, including breed, age, sex, spay/neuter: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

24. Do you have cats?  
a. Yes  
b. No
25. If yes, how many cats do you have? \_\_\_\_\_
26. How does your dog get along with cats? \_\_\_\_\_
27. How does your dog react to unfamiliar cats he sees on a walk? \_\_\_\_\_
28. Does your dog like children?  
a. Yes  
b. No
29. How does your dog behave around children? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
30. How does your dog get along with other household animals? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
31. Do any visitors bring their dogs to your house?  
a. Yes  
b. No
32. If yes, how do they get along? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
33. How does your dog react to a stranger coming into your home or yard? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
34. Does your dog ever bark or growl at anyone passing outside your home or yard?  
a. Yes  
b. No
35. Are there any types and/or breeds of dogs your dog seems to automatically fear or dislike?  
a. Yes  
b. No  
c. If yes, please describe. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
36. How does your dog react to puppies? \_\_\_\_\_  
\_\_\_\_\_

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37. How does your dog react to another dog approaching him/her in a park, on the beach, or on a walk?
- a. On leash: \_\_\_\_\_
  - b. Off leash: \_\_\_\_\_
38. Does your dog play with the other dogs?
- a. Yes
  - b. No
  - c. If yes, which type?
    - i. Males and females
    - ii. Only males
    - iii. Only females
    - iv. Please describe the size, breed, and temperament of the other dogs: \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
39. What kind of games does your dog play with other dogs? \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
40. What kind of games does your dog play with people? \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
41. Has your dog ever shared his/her food or toys with other animals?
- a. Yes
  - b. No
42. If yes, how does your dog react to another dog approaching his/her food or toys? \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
43. Which commands does your dog know?
- a. Sit
  - b. Stay
  - c. Down
  - d. Come
  - e. Heel
  - f. Rollover
  - g. Kisses
  - h. High five
  - i. Other \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
44. How did your dog get his/her obedience training? (please circle all that apply)
- a. Attended one group class
  - b. Attended more than one level of group classes (beginner and intermediate, etc.)
  - c. Dog was sent to a board and train program
  - d. Private session in home

e. Other, please explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

45. Which of the following best describes the use of obedience cues with your dog at home?

- a. Key part of daily communication
- b. Used when we go on walks or have people over
- c. Used occasionally to better control behavior
- d. Rarely used
- e. Not applicable

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

- a. Buckle
- b. Nylon/Chain Choke Collar
- c. Harness – Leash Clip on Back
- d. Harness – Front Clip
- e. Head Collar
- f. Prong/Pinch
- g. Other: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

47. Is it effective in keeping him/her under control?

- a. Yes
- b. No

48. Has your dog ever gotten away from someone when out for a walk?

- a. Yes
- b. No
- c. If yes, please explain circumstances: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

49. Where does your dog sleep?

- a. Inside the house
- b. Outside the house
- c. Inside/Outside – varies

50. In which room in the house does your dog sleep? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

51. Where in the room does your dog sleep?

- a. Crate
- b. Owner's bed
- c. Dog cushion/bed on the floor
- d. Other (please describe): \_\_\_\_\_

\_\_\_\_\_

52. Has your dog ever jumped up on someone?  
a. Yes  
b. No  
c. If yes, what were the circumstances? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
53. How does your dog act when you get home at the end of the day? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
54. What does your dog do to show he/she is happy? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
55. What does your dog do to show he/she is upset? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
56. Is your dog allowed on the furniture at home?  
a. Yes  
b. No
57. Does your dog have any problems in the following areas? If yes, please explain.  
a. Mouthing \_\_\_\_\_  
b. Housebreaking \_\_\_\_\_  
c. Barking \_\_\_\_\_  
d. Digging \_\_\_\_\_  
e. Ignoring commands \_\_\_\_\_
58. Does your dog know any tricks?  
a. Yes  
b. No  
c. If yes, please describe: \_\_\_\_\_  
\_\_\_\_\_
59. Are there any particular types of people your dog seems to automatically dislike or fear? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
60. Has your dog ever growled at someone?  
a. Yes  
b. No  
c. If yes, what were the circumstances and how did you respond? \_\_\_\_\_  
\_\_\_\_\_

61. Has your dog ever bitten a person?

a. Yes

b. No

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

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62. Has your dog ever bitten another animal?

a. Yes

b. No

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

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63. To the best of your knowledge, what does your dog do when you're not home?\_\_\_\_\_

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64. Has your dog ever jumped/climbed a fence?

a. Yes

b. No

c. If yes, what were the circumstances?\_\_\_\_\_

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65. How high was the fence?\_\_\_\_\_

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66. Has your dog ever escaped from your house or yard?

a. Yes

b. No

c. If yes, please explain the circumstances:\_\_\_\_\_

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67. How would you describe your pet's energy level?

a. Low

b. Medium

c. High

68. Has your dog ever chased or tried to chase a small animal?

a. Yes

b. No

c. If yes, what were the circumstances?\_\_\_\_\_

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69. Has your dog ever chased or tried to chase someone on a skateboard or bicycle?

a. Yes

b. No

c. If yes, what were the circumstances? \_\_\_\_\_

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70. Is your dog frightened by thunderstorms?

a. Yes

b. No

c. If yes, describe his typical behavior and what helps to relax your dog or calm his/her fear: \_\_\_\_\_

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71. Is your dog frightened or nervous around anything else?

a. Yes

b. No

c. If yes, please explain: \_\_\_\_\_

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72. Does your dog play with any toys?

a. Yes

b. No

73. What kind of toys does your dog like? \_\_\_\_\_

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74. Has your dog ever growled or snapped at a person who has taken food or toys away from him/her?

a. Yes

b. No

c. If yes, what were the circumstances and how did you respond? \_\_\_\_\_

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75. Have you ever noticed your dog stopping and staring at another animal?

a. Yes

b. No

c. If yes, what were the circumstances: \_\_\_\_\_

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76. Other comments or information about your dog that may be helpful: \_\_\_\_\_

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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 (845) 562-7861 if you have any questions.