



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: _____

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

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): _____

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. ____

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)._____

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)._____

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

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

- a. Yes
- b. No
- c. If yes, what were the circumstances?_____

65. How high was the fence?_____

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

- a. Yes
- b. No
- c. If yes, please explain the circumstances:_____

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?_____

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? _____

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: _____

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

a. Yes

b. No

c. If yes, please explain: _____

72. Does your dog play with any toys?

a. Yes

b. No

73. What kind of toys does your dog like? _____

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? _____

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

a. Yes

b. No

c. If yes, what were the circumstances: _____

76. Other comments or information about your dog that may 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 (845) 562-7861 if you have any questions.