



Client and Canine Application Form

How did you hear about YOUR GOOD DOG Daycare?

Your Name:

Address: City, State, Zip,

Home Phone () ____ - ____ .Cell () ____ - ____

Work () ____ - ____

Email Address: _____

If we can't get in touch with you who can we call? Contact)

Name: _____

Address: City, State, Zip,

Home Phone () ____ - ____ Work Phone () ____ - ____

Veterinarian: _____

Name: _____ Phone () _____ - _____

Address: City, State, Zip, _____

PET INFORMATION

Name: _____ Sex: M / F

Spayed/Neutered Y / N

Age: _____ Birthday: _____

Breed: _____

Color: _____ Weight: _____

Micro Chip Y / N # _____

Feeding
Schedule: _____

Brand and Type of
Food: _____

Is your dog allowed to have treats? Y / N
(if yes, what type) _____

Can we use our "ZUKES" training treats to reinforce your dog?
(Y/N) _____

Where did you get this
dog? _____

How long have you had
him/her? _____

If you have not had him/her from puppy hood, what do you know
of its prior history?

Are there any other animals in the household? (Species/ Breed /
Age)

What is the make up of your household?
Adult Males _____ Adult Females _____

Children/Ages _____

Which family member is your dog most fond
of? _____

Which sex is your dog most fond of? M / F
Please describe your dogs overall temperament:

How does your dog react to other dogs? (Generally)

Has your dog every participated in play at a dog park? Y / N
If yes how did he/she react with the other dogs?

How does your dog react to strangers?

Does your dog have any kinds of people he/she automatically fears or dislikes? Y / N

If yes

describe: _____

Does your dog have any kinds of dog that he/she automatically fears or dislikes? Y / N

If yes

describe: _____

Has your dog ever bitten someone? Y / N

If yes

describe: _____

Has your dog ever been in a fight or bitten another dog? Y / N

If yes

describe: _____

Has your dog ever escaped or attempted to escape by digging/jumping or climbing fences? Y / N

If yes

describe: _____

Does your dog jump on people? Y / N

If yes

describe: _____

Do you walk your dog? Y / N

How often? _____ Distance? _____

What other exercise does your dog receive?

How often? _____

What known behavioral problems does your dog have?

Describe how you would calm the dog during this situation:

Is your dog housebroken or crate trained?

Does your dog play with toys? Y / N

What kind? _____

Is your dog toy possessive? Y / N

Describe: _____

Has your dog shared toys/food/water with other dogs before? Y / N

Where there any

problems? _____

Has your dog ever played on playground or agility equipment before? Y / N _____

Do you feel that play equipment would be inappropriate for your dog? Y / N

Describe: _____

Does your dog prefer a particular sex of dog?

Describe: _____

Has your dog ever received any formal training? Y / N
Where and When?

Does your dog know any commands? Y / N

Describe: _____

What special commands does your dog know? _____

Bathroom Command: _____

Quiet Command: _____

Play Command: _____

What do you do with him/her when you leave the home?

How does he/she react when you get home?

Does your dog have any health concerns that you are aware of?

Y / N Describe: _____

Does your dog have any medical restrictions on his/her activities?

Y / N

Describe: _____

Is your dog currently on any medication? Y / N

Describe: _____

Does your dog have any allergies? Y / N

Describe:

Does your dog have any areas on his/her body that he/she does not like to be touched?

Y / N

Describe: _____

Does your dog have a special place that he/she likes to be petted or rubbed? Y / N

Describe: _____

Does your dog receive flea and tick preventative? Y / N

Brand: _____ Type: _____

Frequency: _____

Is there anything else that you believe we should know about your dog?
