

## Off-Leash Play Application

We love dogs and want your dog to love coming to our off-leash playgroup. No one knows your dog better than you, so we'd appreciate you taking the time to fill out this application. The more we know about the dogs in our care, the better our playgroups will be.

Owner's name(s): \_\_\_\_\_

Today's date: \_\_\_\_\_

### Dog Information

*Please submit one application for each dog you would like to have in off-leash play*

Dog's name: \_\_\_\_\_

Breed: \_\_\_\_\_ If a mix, list two predominant breeds in behavior:

\_\_\_\_\_

**1a.** Current age \_\_\_\_\_

**1b.** How long have you owned your dog? Years: \_\_\_\_\_ Months: \_\_\_\_\_

**2a.** Where did you get your dog? (circle one)

Newspaper ad    Breeder    Pet store    Animal shelter    Animal rescue group

Friend    Found as a stray    Other : \_\_\_\_\_

**2b.** What knowledge do you have of your dog's past history? \_\_\_\_\_

**3.** Why are you considering our off-leash dog play program for your dog? (circle all that apply)

Play with other dogs

So not home alone. Does dog exhibit symptoms of separation anxiety? Y or N

Exercise. Would off leash playgroup be primary source or additional source of exercise?

Recommended by other pet professional (trainer, vet, etc.) Reason: \_\_\_\_\_

Other: \_\_\_\_\_

4. Circle the one that best describes your dog's level of socialization with other dogs:

None – No knowledge of other dog interaction

Minimal – On leash encounters only

Moderate – Some off-leash playtime on occasion with visitor's/neighbor's/friend's dog(s)

Extensive – Regular visits to dog social events, off-leash dog parks, dog daycare, etc.

5a. Has your dog had any problems previously in an off-leash environment? Y or N (if yes, circle all that apply)

Altercation or fight at a public dog park

Altercation or fight with a neighbor or friend's dog

Fearful reaction in a group of dogs

Dismissed from a prior dog daycare or social playgroup program (complete item 5b)

Other (please describe) \_\_\_\_\_

5b. *Only complete if you answered yes in 5a that your dog was dismissed from a prior program. What reason were you given as to why your dog was dismissed?*

Circle each statement below that applies to the situation that resulted in your dog's dismissal.

My dog was injured, no medical treatment required

My dog was injured and required medical treatment

Another dog was injured, no medical treatment required

Another dog was injured and required medical treatment

A person was injured, no medical treatment required

A person injured and required medical treatment

Provide any comments you want us to know about this situation \_\_\_\_\_

\_\_\_\_\_

### **Health History**

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

7. Does your dog have any allergies? Y or N If yes, please explain:

\_\_\_\_\_

8. Does your dog have any physical disabilities? Y or N If yes, please explain disability and cause:

\_\_\_\_\_

If answered yes, what restrictions need to be placed on your dog's activities or movements? Circle all that apply: No jumping      No running      No hard play      No contact with other dogs

Other (please explain) \_\_\_\_\_

9. Does your dog have any medical conditions? Y or N If yes, please explain: \_\_\_\_\_

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

10. Provide details of your dog's diet:

a. *type* (kibble, canned, raw/natural): \_\_\_\_\_

b. *brand* (Innova, Iams, Purina, etc.) \_\_\_\_\_

c. *primary protein source*: \_\_\_\_\_

d. *feeding schedule*: \_\_\_\_\_

11. On what type of surface does your dog generally go to the bathroom (grass, mulch, pee pads)?

\_\_\_\_\_

12. Does your dog have any bathroom-related issues or concerns? Y or N If yes, please explain:

\_\_\_\_\_

13a. How often do you brush or comb your dog's coat? \_\_\_\_\_

13b. How does your dog react to having his/her nails clipped? \_\_\_\_\_

13c. Does your dog like to be brushed? Y or N If no, what have you tried to make it more enjoyable?

\_\_\_\_\_

14. Does your dog have any sensitive areas on his/her body? Y or N If yes, where? \_\_\_\_\_

15. Where is your dog's favorite petting spot? \_\_\_\_\_

16a. How frequently is your dog walked outside? \_\_\_\_\_

16b. How long are your walks? \_\_\_\_\_

17. Circle the item 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 other dogs

Athlete: Regular jogs/runs and/or regular participation in a dog sport activity such as flyball, Frisbee, etc.

### **Household Information**

**18.** Are there any other dogs in the household? Y or N If yes, please complete below information:

Breed: \_\_\_\_\_ Breed: \_\_\_\_\_

Age: \_\_\_\_\_ Age: \_\_\_\_\_

Male or female: \_\_\_\_\_ Male or female: \_\_\_\_\_

Spayed or neutered: \_\_\_\_\_ Spayed or neutered: \_\_\_\_\_

Do you have cats? Y or N If yes, how many? \_\_\_\_\_

How does your dog get along with your cats? \_\_\_\_\_ How does he react to unfamiliar cats he sees on walks? \_\_\_\_\_

**19a.** Does your dog like children? Y or N

**19b.** How does your dog behave around children? \_\_\_\_\_

**19c.** How does your dog get along with other household animals? \_\_\_\_\_

**20.** Do any visitors bring their dog(s) to your house? Y or N If yes, how do they get along? \_\_\_\_\_

**21.** How does your dog react to a stranger coming into your home or yard? \_\_\_\_\_

**22.** Does your dog ever bark or growl at anyone passing outside your home or yard? Y or N If yes, please describe \_\_\_\_\_

**23.** Are there any types and/or breeds of dogs your dog seems to automatically fear or dislike? Y or N If yes, please describe \_\_\_\_\_

**24.** How does your dog react to puppies? \_\_\_\_\_

**25.** How does your dog react to another dog approaching him/her in a park, at the beach, or on a walk?

**a.** On leash \_\_\_\_\_

**b.** Off leash \_\_\_\_\_

**26.** Does your dog play with other dogs? Y or N If yes, please circle which type.

Males and females

Only males

Only females

Please describe size, breed and temperament of the other dogs: \_\_\_\_\_

**27.** What kinds of games does your dog play with other dogs? \_\_\_\_\_

**28.** What kinds of games does your dog play with other people? \_\_\_\_\_

**29.** Has your dog ever shared his/her food or toys with other animals? Y or N If yes, how does your dog react to another dog approaching his/her food or toys? \_\_\_\_\_

**30.** Which commands does your dog know? (circle all that apply)

Sit

Stay

Down

Come

Heel

Rollover

Kisses

High Five

Other: \_\_\_\_\_

**31.** How did you dog get his/her obedience training? (circle all that apply)

Attended one group class

Attended more than one level of group classes (beginner and intermediate, etc.)

Dog was sent to a board and train program

Private sessions in home

Other, please explain: \_\_\_\_\_

**32.** Which of the following best describes the use of obedience cues with your dog at home? (circle all that apply)

Key part of daily communication

Used when we go on walks or have people over

Used occasionally to better control behavior

Rarely used

Not applicable

**33.** What kind of a collar do you use to walk your dog? (circle one)

Buckle

Nylon/Chain choke collar

Harness-leash clips on back

Harness-front clip

Head collar

Prong/pinch

Other: \_\_\_\_\_

34. Is it effective in keeping him/her under control? Y or N

35. Has your dog ever gotten away from someone when out for a walk? Y or N If yes, please explain circumstances: \_\_\_\_\_

36a. Where does your dog sleep? (circle one)

Inside the house

Outside the house

Inside/outside-varies

36b. In which room in the house does your dog sleep? \_\_\_\_\_

36c. Where in the room does your dog sleep? (circle one)

Crate

Owner's bed

Dog cushion/bed on floor

Other: \_\_\_\_\_

37. Has your dog ever jumped up on someone? Y or N If yes, what were the circumstances?

\_\_\_\_\_

38. How does your dog act when you get home at the end of the day? \_\_\_\_\_

39. What does your dog do to show he/she is happy? \_\_\_\_\_

40. What does your dog do to show he/she is upset? \_\_\_\_\_

41. Is your dog allowed on the furniture at home? Y or N

42. Does your dog have any problems in any of the following areas? If yes, please explain

Mouthing: \_\_\_\_\_

Houstraining: \_\_\_\_\_

Barking: \_\_\_\_\_

Digging: \_\_\_\_\_

Ignoring commands: \_\_\_\_\_

43. Does your dog know any tricks? Y or N If yes, please describe \_\_\_\_\_

#### **Dog Behavior Information**

44. Are there any particular types of people your dog seems to automatically fear or dislike?

\_\_\_\_\_

45. Has your dog ever growled at someone? Y or N If yes, what were the circumstances and how did they respond? \_\_\_\_\_

46. Has your dog ever bitten a person? Y or N If yes, what were the circumstances and how did they respond? \_\_\_\_\_

Please describe injuries (if any) \_\_\_\_\_

47. Has your dog ever bitten another animal? Y or N If yes, what were the circumstances and how did you respond? \_\_\_\_\_

Please describe any injuries if there were any \_\_\_\_\_

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

49. Has your dog ever climbed/jumped a fence? Y or N If yes, what were the circumstances? \_\_\_\_\_

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

50. Has your dog ever escaped from your house or yard? Y or N If yes, what were the circumstances? \_\_\_\_\_

51. Circle the one that best describes the energy level of your dog?      Low              Medium              High

52. Has your dog ever chased or tried to chase a small animal? Y or N If yes, what were the circumstances? \_\_\_\_\_

53. Has your dog ever chased someone (or wanted to) on a skateboard or bicycle? Y or N If yes, what were the circumstances? \_\_\_\_\_

54. Is your dog frightened by thunderstorms? Y or N If yes, describe typical behavior and what specifically helps to relax your dog or calm his/her fear. \_\_\_\_\_

56. Does your dog play with any toys? Y or N If yes, what kind of toys does your dog like? \_\_\_\_\_

57. Has your dog ever growled or snapped at a person who has taken food or toys away from him/her? Y or N If yes, what were the circumstances and how did you respond? \_\_\_\_\_

58. Has your dog ever growled or snapped at another dog who has taken food or toys away from him/her? Y or N If yes, what were the circumstances and how did you respond? \_\_\_\_\_

**59.** Have you ever noticed your dog stopping and staring at another animal? Y or N If yes, what were the circumstances? \_\_\_\_\_

**60.** Other comments or information about your dog that you feel might 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 if you have any questions on the next steps of the evaluation process.

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