



Intake Date/Time: _____ / _____ AM PM
1

CPP Dog Day Care
1412 W Main St.
Gatesville, TX. 76528
Were a dog can just be a dog-gone dog.

Trial Date: _____ First Date of Camp _____ Kennel Card made? _____
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6-12

DOG DAYCARE—INTAKE INTERVIEW QUESTIONNAIRE

Screening Dogs— Which Dogs Can Play Well With Others?

Questions in this pre-evaluation will cover your dog's social skills, obedience history, and medical information.

By the conclusion of this questionnaire and intake meeting, we will provide you with an overall evaluation of your dog, physically and mentally, and assess the dog's readiness to attend daycare.

Owner's Name: _____ Address: _____

City: _____ State: _____ Zip: _____

Phone Number: (Home) _____ Second Number: (W) _____ / (C) _____

Emergency Contact Person and Number: _____

E-mail Address: _____

Are you on Facebook? (check if yes)

	DOG 1	DOG 2	DOG 3	DOG 4
Pet's Name				
Breed				
Color				
Age/date of birth (if known)				
Sex: M F				
Spayed/neutered? If yes, at what age?				
Vaccination Expiration Dates	<input type="checkbox"/> Rabies _____ <input type="checkbox"/> DHPP _____ <input type="checkbox"/> Bordatella _____	<input type="checkbox"/> Rabies _____ <input type="checkbox"/> DHPP _____ <input type="checkbox"/> Bordatella _____	<input type="checkbox"/> Rabies _____ <input type="checkbox"/> DHPP _____ <input type="checkbox"/> Bordatella _____	<input type="checkbox"/> Rabies _____ <input type="checkbox"/> DHPP _____ <input type="checkbox"/> Bordatella _____
Veterinarian's Name & Phone Number				

How old was your dog when you first acquired it? How/where did you acquire it?

How long have you had your dog?

Do you have a fenced yard?

Yes No | Underground fence Tie-out

How does your dog generally get outdoor exercise and potty time at home?

- In fenced yard
 On tie-out
 Walks
 Other: _____

When home alone, where does your dog stay?

- Kenneled
 Run of the house
 Blocked off in area of the house
 Other: _____

| Overall how does your dog do in kennel/crate? |
 Stressed / OK / Likes It / Other: _____

Does your dog have any preexisting or current medical conditions? Yes No
 If yes, please list.

Is your dog taking heartworm preventative? Yes No | Heartguard Sentinel Other _____

Is your dog using flea/tick preventative? Yes No | Frontline Sentinel Advantix Other _____

Is your dog taking any other medication? Yes No | Please list: _____

How many leash walks does your dog take (per day or week)?

What toys do you provide for your dog? Does your dog have a favorite kind of toy?

Is your dog possessive (mean, growly, bite-y) of any specific bones, toys, foods, or objects (with humans or dogs)? If yes, please explain.

If your dog had something in its mouth you did not want him/her to have, would s/he drop the object if asked or will s/he let you take it from him? Do you use a command for this?

How often and how much is your pet fed?

Number of times per day: _____

Amount each serving: _____

Check here if you "Free Feed"

Brand of Food: _____

What is your dog's favorite treat? | PB Kong OK? Yes No |
 Milk Bone OK? Yes No

Any allergies to food or special diet restrictions?

How does your dog react when strangers approach the home or yard? | Out in public?

How does your dog react when other dogs approach the home or yard? | Out in public?

Has your dog ever bitten anyone? If yes, what were the circumstances? (Does not nec. preclude you)

Has your dog ever bitten another dog? If yes, what were the circumstances? (Does not nec. preclude you)

Have you noticed that your dog is afraid of any types of dogs (size, breed, color)? Explain.

Does your dog play off-leash with other dogs? Briefly describe.

- Big Dogs Breeds: _____
 Small Dogs Breeds: _____

Has your dog attended dog daycare before? If so, where? How did he/she do?

Are there any other animals in your household? Yes No

Please list:

Species	Name	Breed	Sex	Age
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How does your dog get along with these animals?

What is your dog's training history?

- No training
 Trained yourself
 Puppy kindergarten
 Group classes – basic
 Group classes – advanced
 Private training lessons
 Canine Good Citizen
 Agility
 Other _____

Taken Where?

How Did Your Dog Do?

Any special obedience titles/awards? _____

What commands does your dog know, and how well?

	<u>Always</u>	<u>Usually</u>	<u>Needs Work</u>	<u>Any Hand Signals?</u>
Name (look at you)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Come	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Sit	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Stand	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Off (as in 4 paws on the ground)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Down (as in lay down)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Stay/Wait	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Shake/High Five	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Heel	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Fetch/Go Get It	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Drop it/Give/Release/Out	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Is your dog sensitive about any parts of his/her body (i.e., tail touched, paws touched, etc.)?

Do you clip his nails at home? Yes No | Do you brush his teeth? Yes No

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

Issue

1.

2.

3.

Seriousness

Low High

1 2 3

1 2 3

1 2 3

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

How did you hear about our services?

Phone Book Internet Search TV ad Word of Mouth (Referred by: _____) Other

Other CPP Services of Interest:

Daycare Bath & Spa Services Obedience Training
 Overnight Boarding Grooming Dog Retail
 Pick-up & Delivery

Scheduling Preferences for Daycare:

Days/week: _____ Hrs/day: _____

Expected Drop-off Time: _____ / Pick-up Time: _____

Authorized to pick up pet:

Temperament Review *(to be conducted by Evaluator during Intake Interview)*

TEST	RESULTS
1. Backstroking/head pat	
2. Hug/20 seconds of love	
3. Exam teeth, nails, ears	
4. Loud noise	
5. Bordatella, flea exam	
6. Verbal reprimand	
7. Commands known	
8. Toy—and takeaway	
9. Food—and takeaway	
10. Tweaks/tugs	
11. Drop-it/Out/Give/Release	
12. Stranger intro	
13. Dog intro	

Evaluator: _____

Recommendations: **Dog Soc** Low High 1 2 3 4 5 **Human Soc** Low High 1 2 3 4 5 **Obed** Low High 1 2 3 4 5

Dog Owner's Signature: _____

Staff Signature: _____

Intake Interview Conducted (Day/Time): _____