Dog Temperament and Transportation Evaluation

Confidential – For Internal Use by Good Boy Company only.

Thank you for considering Good Boy Company for your dog's walking and transportation needs. To ensure a safe, enjoyable, and stress-free experience for your dog and others in our care, we conduct a thorough evaluation of each new canine client.

This form helps us understand your dog's behavior, preferences, and suitability for group dog walking and car travel. Please complete all sections accurately, and our staff will schedule the initial in-person meeting after we have received the completed form..

Section 1: Owner and Dog Information

Owner Details

	Full Name:
-	Address:
	Phone Number:
	Priorie Number.
	Email:
-	Emergency Contact (Name & Phone):
-	
-	
)(etails
	Name:
-	Breed(s):
-	Age:

Weight:	Ib
Microchip Number (if applicable):	
nary Information	
Veterinarian Name:	
Clinic Name & Phone:	
Date of Last Vet Visit:	
Vaccinations (please provide records):	
Rabies	to date
 Distemper/Parvo (DHPP)[] Up Date of Vaccination: 	to date
Bordetella	to date
Other (e.g., Leptospirosis):	
■ Date of Vaccination:	
Parasite Control (Flea/Tick/Heartworm): [] Yes	[] No
Details:	
Current Medications:	

Section 2: Behavioral History for Walking and Transportation

Please provide detailed information about your dog's behavior related to walking and car travel to ensure their safety and comfort during our services.

• Leash Behavior

	1.	Does your dog walk calmly on a leash?
		[] Yes [] No
Details:_		
	0	
	2.	Does your dog pull, lunge, or react to stimuli (other dogs, people, bikes)
		while on leash?
		[] Yes [] No
Details:_		
	3.	Does your dog have any issues wearing a body harness?
	•	
		[]Yes []No
Details:_		

• So	cia	lization with Dogs
	1.	How does your dog behave around other dogs on walks?
		[] Friendly/Social [] Neutral [] Shy
		[] Fearful [] Protective [] Aggressive
Details:		
	2.	Has your dog participated in group walks or visited dog parks?
		[] Yes [] No
Details:		
	3.	Does your dog have preferences for specific types of dogs (e.g., size, sex
		energy level)?
Details:		
Details		

	4. Has your dog ever shown aggression (e.g., growling, snapping, biting)
	toward another dog on a walk?
	[] Yes
Details:	
• So	cialization with Humans
	1. How does your dog behave around unfamiliar people on walks (e.g.,
	pedestrians, joggers)?
	[] Friendly/Social [] Neutral [] Shy [] Fearful
	[] Protective [] Aggressive
Deteiler	
Details	
	2. Is your dog comfortable with a stranger handling their leash?
	[]Yes []No
Details:	
• Ca	r Travel Experience
	1. Has your dog traveled in a car for extended periods (e.g., 30+ minutes)?
	[]Yes []No

	2.	How does your dog behave in a car?
		[] Calm [] Anxious [] Excited [] Vocal
		[] Destructive
Details:_		
	3.	Does your dog experience motion sickness?
		[]Yes []No
	4.	Does your dog attempt to jump out of the car when doors are opened?
		[]Yes []No
• R	eact	tion to Environmental Stimuli
J K		
	1.	How does your dog react to common urban stimuli on walks (e.g., traffic, sirens, crowds)?
		silens, Gowds):
Details:_		
	2.	Are there specific triggers that cause fear, anxiety, or excitement (e.g.,
		skateboards, construction)?
Details:_		
		

• V	ocal	ization
	1.	Does your dog bark or whine excessively during walks or car rides?
		[]Yes []No
	2.	What triggers vocalization (e.g., other dogs, passing cars)?
Details:_		
• T	raini	ng History
	1.	Has your dog received formal training for walking or car travel (e.g.,
		loose-leash walking, recall)?
		[]Yes []No
Details:_		
	2.	List known commands (e.g., sit, stay, come, heel):
Details:_		
	3.	Does your dog reliably respond to commands on walks or in a car?
		[]Yes []No

Details:		
• Escape	e Tendencies	
	Has your dog ever tried to bolt or escape during a walk, or from a car?	
	Is your dog a jumper or likely to slip out of a collar/harness?	
Details:		
Section 3:	Walking and Transportation Preferences	
Transn	ortation Preferences	
-	How long is your dog comfortable traveling in a car per trip?	
-		

	•	Are there any specific items needed for extended car travel (e.g., blanket, toy, etc.)? This will apply to solo travel situations only:
•	Equip	oment
	•	Will you provide any equipment for us to use during the walks (e.g. foot protection, goggles)? Note: We require the use of a body harness. We will provide a properly fitted, safe and secure version for your dog. [] Yes [] No
•	Speci	al Needs
	•	Does your dog require medication or medical care (e.g., for motion sickness)? [] Yes [] No
	•	Does your dog have mobility issues or require accommodations (e.g., shorter walks, no stairs)? [] Yes [] No

Section 5: Owner Acknowledgment

, (Owner's Name), certify that the information		
provided in this form is accurate to the best of my knowledge. I understand that Good		
Boy Company will use this information to assess my dog's suitability for walking and		
ransportation services. I agree to disclose any changes in my dog's behavior, health, o	r	
needs before services begin.		
acknowledge that Good Boy Company reserves the right to decline services if my dog		
s deemed unsuitable based on the evaluation or in-person assessment. I acknowledge	;	
hat Good Boy Company can terminate any contract we hold between us at any time ar	ıd	
or any reason. I also understand that a trial walk and transport session may be require	d	
o confirm compatibility.		
Client Signature:		
Date:	_	
END		
To be completed by Good Boy Co. staff only	_	
To be completed by Good Boy Co. Stall only		
Section 6: Staff Evaluation (For Internal Use Only)		
Meet-and-Greet Observations (To be completed by staff during in-person assessment	!)	
Date of Evaluation:		
Staff Member(s):	-	

	•	Response to leash handling and walking:
	•	Reaction to urban stimuli (e.g., traffic, pedestrians):
•	Car Tr	avel Behavior
	•	Comfort level entering/exiting vehicle:
	•	Behavior during a short car ride (e.g., calm, anxious, vocal):
	•	Response to crate or restraint system:
•	Intera	ction with Staff
	•	Comfort with handling (e.g., leash, harness fitting):
	•	Signs of fear, anxiety, or aggression:
•	Intera	ction with Other Dogs (if group walk candidate)
	•	Behavior during controlled introduction:
	•	Signs of compatibility or conflict:

Leash Behavior

•	Energy level and walking pace:
•	Response to commands or cues:
•	Any concerns or special considerations (e.g., motion sickness, leash reactivity):
Recommer	<u>ndation</u>
☐ Appro	ved for group walks and transportation
☐ Appro	ved for solo walks and transportation
☐ Trial w	alk/transport required
☐ Not su	itable for services:
Reaso	on:
Staff Signatu	ıre:
Date:	

• Additional Observations