



Daycare Application

Thank you for choosing North Main Pet Lodge. It is our number one priority to keep your dog safe in our off leash play group environment, and of course to have lots of fun with friends and come home tired. Because you know your dog best, we would like you to give us some information about your pet. Once we review the application, we'll contact you to set up an assessment appointment.

Owner's Name(s):	Today's Date:
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Dog Information

Please submit one application for each dog

Dog's Name:	Breed: If a mix, list two predominant breeds in behavior
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1a. Current age Years: Months:

1b. How long have you owned your dog?

2. Did you adopt your dog? Yes No From where?

What did they know about the history of the dog?

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

Play with other dogs

So he/she's is not home alone; check if exhibits symptoms of separation anxiety

Exercise: primary source Additional source

Recommended by other pet professional (trainer, vet, etc.); Reason: _____

Other: _____

4. Which of the following best describes your dog's level 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.

5. How often has your dog been exposed to an off leash environment with 4 or more dogs?

6. Has your dog had any problems previously in an off-leash social environment? No 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 in a group of dogs

Dismissed from a prior dog daycare or social playgroup program of yes what reason were you given.

Other (please describe) _____

7. How would you describe your dog's Play style ? Circle any that apply

Plays rough (body slamming) / Vocal barker / cat like play / likes to chase and be chased /

8. How would you describe your dog's activity level? Low medium high
9. Do any visitors bring their dog(s) to your house? No / <input type="checkbox"/> Yes If yes, how do they get along?
10. How does your dog behave around children?
11. How does your dog react to a stranger coming into your home or yard?
12. Are there any types and/or breeds of dogs your dog seems to automatically fear or dislike? No / yes If yes, please describe:
13. How does your dog react to puppies?
14. 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:
15. Has your dog ever shared his/her food or toys or bed with other animals? Food ? Yes / No Toys? Yes / No Bed ? Yes No
16. Which commands does your dog know? (please circle all that apply) Sit Stay Heal Wait Down Leave it Other: _____
17. How did your dog get his/her obedience training? (Please check all that apply) <input type="checkbox"/> Attended one group class <input type="checkbox"/> Attended more than one level of group classes (beginner and intermediate, etc.) <input type="checkbox"/> Dog was sent to a board and train program <input type="checkbox"/> Private sessions in home <input type="checkbox"/> No training Other, please explain:
18. Which of the following best describes the use of obedience cues with your dog at home? <input type="checkbox"/> Key part of daily communication <input type="checkbox"/> Used when we go on walks or have people over <input type="checkbox"/> Used occasionally to better control behavior <input type="checkbox"/> Rarely used <input type="checkbox"/> Not applicable
19. What kind of a collar do you use to walk your dog? Buckle / Nylon / Chain Choke Collar / Harness (clips on back) / Harness (clips on fount) Head Collar / Halti / Prong-Pinch / Other : _____
20. Is it effective in keeping him/her under control? ___Yes ___No

<p>21. Has your dog ever gotten away from someone when out for a walk? ___ No ___ Yes If yes, please explain circumstances:</p> <p>Does your dog like to chase squirrels, birds, joggers, bicycles while on leash? ___ Yes ___ No</p> <p>Has your dog ever barked, snapped, bitten or lunged at a person while on leash? ___ Yes ___ No</p> <p>Has your dog ever barked, snapped, bitten or lunged at a bike, skateboarder or other moving vehicle while on leash? ___ yes ___ no</p>
<p>22. What does your dog sleep in/on? ___ Crate ___ Owner's bed ___ Dog Cushion/Bed on floor Other (Please describe)</p>
<p>23. Does your dog have any problems in any of the following areas? If yes, please explain. Mouthing: _____ Housetraining: _____ Barking: _____ Digging: _____</p>
<p>24. Has your dog ever growled at someone? Yes / No If yes, what were the circumstances and how did you respond?</p>
<p>25. Has your dog ever bitten a person? No / Yes If yes, what were the circumstances and how did you respond? Please describe injuries.</p>
<p>26. Has your dog ever bitten another animal? Yes / No If yes, what were the circumstances and how did you respond? Please describe any injuries.</p>
<p>27. Has your dog ever climbed/jumped a fence? Yes / No If yes, what were the circumstances? How high was the fence?</p>
<p>28. Has your dog ever escaped from your house or yard? No / Yes If yes, please explain the circumstances:</p>
<p>29. Has your dog ever chased or tried to chase a small animal? Yes / No If yes, what were the circumstances?</p>
<p>35. Is your dog frightened or nervous around anything? No / Yes If yes, please explain.</p>
<p>36. Has your dog ever growled or snapped at a person who has taken food or toys away from him/her? No / Yes If yes, what were the circumstances and how did you respond?</p>
<p>37. Circle any situation where your dog may become unfriendly? Grabbing collar / hugging / removing from furniture / being touched while sleeping / Touching mouth, ears, teeth, feet If you said circled any of the above, how would your dog respond? may bite / growl / show teeth / tremble / freeze</p>
<p>38. Have you ever noticed your dog stopping and staring at another animal? No / Yes If yes, what were the circumstances?</p>

Health History

39. Please describe your dog's flea/tick control and prevention program:
40. Does your dog have any allergies? Yes No If yes, please explain:
41. Does your dog have any physical disabilities? No / Yes Please explain disability & cause: What restrictions need to be placed on your dog's activities or movements? No jumping No running No hard play No contact with other dogs Other (Please explain)
42. Does your dog have any medical conditions? ___No ___Yes If yes, please explain: If medication is used to control the condition, please provide name and dosage.
43. On what type of surface does your dog generally go to the bathroom (e.g., grass, mulch, pee pads)?
44. Does your dog generally have firm stool? Any other digestive concerns we should know?
45. Does your dog have any Dietary restrictions? No / Yes explain:
46. Does your dog have any sensitive areas on his/her body? ___No ___Yes If yes, where?
47. Other comments or information about your dog that you feel might be helpful?

The undersigned Guardian here by warrants and represents that the information provided on this application form is true and correct and that no information has been omitted that may materially change North Main Pet Loge 's acceptance of my dog for daycare, boarding or bathing.

Dated _____

Guardian Signature: _____

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.