



Wallace Falls Farm

contact us: 360-643-7882
wallacefallsfarm@gmail.com

Boarding & Daycare Questionnaire

Owner's name: _____

Owner's Address: _____ Date: _____

Email address: _____ Phone numbers: _____

Dog's Name: _____ Breed: _____ Age: _____

Select one of the following. My dog is: Spayed Neutered Intact

Veterinarian details:

Vet's name and phone number? _____

Is your pet up to date on vaccine's including: Rabies, Bordetella and Distemper? Yes No

Socialization and Training History

Does your pet have a dog crate or equivalent at home? Yes No

• If yes, how does your pet react to it? _____

Is your dog potty trained? Yes No

What commands do you use for potty, come, down & off?

Has your pet been to a dog daycare or dog park before?

If yes, how did your dog react to the other dogs? _____

Behavior

Does your pet demonstrate any of the following behaviors? (check all that apply)

<input type="checkbox"/> Jumping Up on Family/ Friends/Strangers	<input type="checkbox"/> Hand Shy/Flinching/ Sensitive to Touch	<input type="checkbox"/> Responds to commands off-leash
<input type="checkbox"/> Toy Possessiveness	<input type="checkbox"/> Excessive Barking	<input type="checkbox"/> Submissive Urination
<input type="checkbox"/> Prey Drive	<input type="checkbox"/> Separation Anxiety	<input type="checkbox"/> Pica (Eating non-food objects)
<input type="checkbox"/> Leash Aggression	<input type="checkbox"/> People Protectiveness	<input type="checkbox"/> Likes to swim

Please note anything else we should be aware of regarding your pet's behavior so we may better understand him/her.

(i.e. fears, quirks) _____

Health

Does your pet have any allergies? Yes No

Are there health problems or injuries we should know about to better understand your pet? Yes No

• If yes, please explain: _____

Do we have your permission to use photos we take of your pet online or on marketing materials? Yes No

Signature: _____ Date: _____