



Wallace Falls Farm

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

Boarding & Daycare Questionnaire

Owner's Name: _____ 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? _____

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

How does/did your dog react to the other dogs _____

Behavior

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

_____ Jumping Up on Family/ Friends/Strangers	_____ Hand Shy/Flinching/ Sensitive to Touch	_____ Responds to commands off-leash
_____ Toy Possessiveness	_____ Excessive Barking	_____ Submissive Urination
_____ Prey Drive	_____ Separation Anxiety	_____ Pica (Eating non-food objects)
_____ Leash Aggression	_____ People Protectiveness	_____ 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: _____