

Happy Tails Day Care and Pet Resort Off-Leash Play Questionnaire

We love dogs and want your dog to love coming to Happy Tails. No one knows your dog better than you, so we'd appreciate you taking the time to complete this questionnaire. Please be open and honest when answering the questions. The more we know about the dogs in our care, the better our playgroups will be. Thank you!!

Owner's name(s): _____

Today's Date: _____

Dog Information (please submit one questionnaire for each dog)

Dog's Name: _____ Breed (if mix, list two predominate breeds): _____

1a. Current age: _____ Date of Birth (or approximate): _____ <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Altered
1b. How long have you owned your dog? _____

2. Where did you get your dog? <input type="checkbox"/> Breeder/Pet Store <input type="checkbox"/> Animal Shelter/Rescue <input type="checkbox"/> Found as Stray <input type="checkbox"/> Friend/Family member <input type="checkbox"/> Other _____	What knowledge do you have of your dog's history prior to living with you?
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3. Why are you considering our off-leash day care and/or boarding facility for your dog? (check all that apply) <input type="checkbox"/> To play with other dogs; socialization <input type="checkbox"/> So not at home alone; <i>check if</i> <input type="checkbox"/> dog has separation anxiety <input type="checkbox"/> Boarding <input type="checkbox"/> Doggie Day Care <input type="checkbox"/> Dog Park <input type="checkbox"/> Exercise <input type="checkbox"/> Other: _____ <input type="checkbox"/> Recommended by another pet professional (vet, trainer, etc.); Reason: _____

4. Which of the following best describes your dog's level of socialization with other dogs: <input type="checkbox"/> None – No knowledge of dog interaction <input type="checkbox"/> Minimal – Brief encounters while leashed <input type="checkbox"/> Moderate – Some off-leash playtime on occasion with visitor's/neighbor's/friend or family's dog(s)

5a. Has your dog had any problems previously in an off-leash social environment? <input type="checkbox"/> No <input type="checkbox"/> Yes (check all that apply) <input type="checkbox"/> Altercation or fight at a public dog park <input type="checkbox"/> Altercation or fight with a neighbor or friend's dog <input type="checkbox"/> Fearful reaction in a group of dogs <input type="checkbox"/> Dismissed from a prior dog daycare or social playgroup program (complete item 5b) <input type="checkbox"/> Other (please describe): _____ _____
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Happy Tails Day Care and Pet Resort Off-Leash Play Questionnaire

5b. *Only complete if you answered "yes" in 5a that your dog was dismissed from a prior program.*

What reason were you given as to why your dog was dismissed?

Check each statement below that applies to the situation that resulted in your dog's dismissal.

- My dog was injured; no medical treatment required
- My dog was injured and required medical treatment
- Another dog was injured; no medical treatment required
- Another dog was injured and required medical treatment
- A person was injured; no medical treatment was required
- A person was injured and required medical treatment

Provide any other comments you want us to know about this situation:

Health History

1. Does your dog have any allergies? Yes No If yes, please explain:

2. Does your dog have any physical disabilities? Yes No

Please explain disability and cause:

If you answered yes, 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*)

3. Does your dog have any medical conditions? Yes (*if yes, please explain below*) No

If medication is used to control the condition, please provide name and dosage:

4. Provide details of your dog's diet –

a. *type* (dry kibble, canned, raw/natural):

b. *brand* (Fromm, Wellness, Purina, etc.):

c. *feeding instructions* (portion size, how often, special prep instructions):

Happy Tails Day Care and Pet Resort Off-Leash Play Questionnaire

5. On what type of surface does your dog usually go to the bathroom (e.g., grass, mulch, concrete, pee pads)?

Does your dog have any bathroom-related issues or concerns? Please explain.

6. Does your dog have any sensitive areas on his/her body where he/she would prefer not to be touched?

7. Check the box that best represents your dog's overall level of exercise routine:

- Couch Potato – Spends days sleeping, occasional walks and/or playtime with humans or other dogs.
- Mild Exerciser – Short daily walks and/or regular playtime with humans or other dogs.
- Moderate Exerciser – Long or multiple walks daily and/or regular playtime with humans or other dogs.
- Athlete – Regular jogs/runs and/or regular participation in a dog sport activity such as agility, fly ball, frisbee, etc.

Household Information

1. Complete table with information on other dogs in the household:

Name	Breed/Breed Mix	Age	Sex
			<input type="checkbox"/> Male <input type="checkbox"/> Female
			<input type="checkbox"/> Male <input type="checkbox"/> Female
			<input type="checkbox"/> Male <input type="checkbox"/> Female
			<input type="checkbox"/> Male <input type="checkbox"/> Female
			<input type="checkbox"/> Male <input type="checkbox"/> Female

2. How does your dog get along with other animals in your household?

3. Do visitors ever bring their dog(s) to your home? Yes No If yes, how do they get along?

Happy Tails Day Care and Pet Resort Off-Leash Play Questionnaire

4. How does your dog react to a stranger coming into your home or yard?

Does your dog ever bark or growl at a person or dog passing your home or yard? Yes No

If yes, please explain:

5. Are there any types and/or breeds of dogs your dog seems to automatically fear or dislike? Yes No

If yes, please explain:

6. How does your dog react to puppies (or young, playful dogs)?

7. How does your dog react to another dog approaching him/her in a park, on a walk, etc.?

a. On leash:

b. Off leash:

8. Does your dog enjoy playing with other dogs? Yes No

If yes, what kinds of games does your dog like to play with other dogs?

9. How does your dog react to another dog approaching his/her food or toys?

Happy Tails Day Care and Pet Resort Off-Leash Play Questionnaire

10. Which commands does your dog know? (check all that apply)

Sit Stay/Wait Down/Off Come Heel Roll over Shake

Others: _____

11. How did your dog get his/her obedience training? (check all that apply)

Attended one group class

Attended more than one level of group classes (beginner, intermediate, Canine Good Citizen, etc.)

Dog was sent to a board and train program

Private sessions in our home

None

Other (please explain): _____

12. Which of the following best describes the use of obedience cues with your dog at home?

Key part of daily communication

Used when we go on walks or have people over.

Used occasionally to control behavior

Rarely used

Not used at all

13. How often does your dog jump on people?

Frequently

Occasionally

Never

14. Does your dog have any problems with any of the following? If yes, please explain.

Mouthing _____

Housetraining _____

Barking _____

Digging _____

Eating non-food items (rocks, feces, sticks, etc.) _____

Happy Tails Day Care and Pet Resort Off-Leash Play Questionnaire

Dog Behavior Information

1. What does your dog do to show he/she is excited?

2. What does your dog do to show he/she is upset?

3. Are there any types of people your dog seems to automatically fear or dislike?

4. Has your dog ever growled at someone? Yes No If yes, what were the circumstances?

5. Has your dog ever bitten a person? Yes No If yes, what were the circumstances? Please describe the injuries (if any).

6. Has your dog ever bitten another animal? Yes No If yes, what were the circumstances? Please describe the injuries (if any).

**Happy Tails Day Care and Pet Resort
Off-Leash Play Questionnaire**

7. To the best of your knowledge, what does your dog do when you're not at home?

8. Has your dog ever climbed or jumped a fence? Yes No If yes, what were the circumstances? How high was the fence?

9. Has your dog ever escaped your house or yard? Yes No If yes, what were the circumstances?

10. How would you describe the energy level of your dog?

Low

Medium

High

11. Has your dog ever tried to chase a small animal (rabbit, squirrel, etc.)? Yes No If yes, what were the circumstances?

12. Is your dog frightened of thunderstorms? Yes No If yes, describe typical behavior and what helps to relax your dog or calm his/her fears.

**Happy Tails Day Care and Pet Resort
Off-Leash Play Questionnaire**

13. Is your dog frightened or nervous around anything else? Yes No If yes, please explain.

14. Does your dog play with toys or enjoy enrichment activities (ex: treat puzzles)?

Yes No If yes, please describe.

15. Has your dog ever growled or snapped at a person who has taken food or toys away from him/her?

Yes No If yes, what were the circumstances?

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16. Has your dog ever growled or snapped at another dog who has taken food or toys away from him/her?

Yes No If yes, what were the circumstances?

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17. Have you ever noticed your dog stopping and staring at another animal? Yes No If yes, what were the circumstances?

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18. Any other comments or information about your dog that you feel might be helpful?

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Thank you for taking the time to complete this important questionnaire!

Please contact us if you have any questions or comments.