Dog Daycare | New Dog Temperament Form

Owner's Name: _____ Phone Number: _____

Dog's Name: _____

Approx. Age: _____ Breed: _____ Approx. Weight: _____

Spayed/Neutered? □ Yes □ No

Vaccinations Up-To-Date? *(DAPP, Rabies, and Bordetella)* □Yes □No

***Furever Pet requires a copy of vaccination records. PDF/Pictures can be emailed to fureverpetgrooming@gmail.com or brought in person to daycare evaluations. All vaccines must be confirmed/up to date *before* entering the play yard.**

General Temperament

What is your dog's energy level? □High □Medium □Low

How does your dog react to new people? *(please check all that apply)*
□Friendly □Shy/Nervous □Barks/Growls □Snaps/Bites □Runs/Hides □I Don't Know

How does your dog react to other dogs? *(please check all that apply)*
□Friendly/Curious □Hyper/Excited □Shy/Nervous □Barks/Growls
□Snaps/Bites □Hides/Runs □Dominant

Has your dog ever bitten a person or another dog? □Yes □No □I Don't Know
If so, please explain: _____

Has your dog ever been in a dog fight/altercation? □Yes □No □I Don't Know
If so, please explain: _____

Does your dog guard any resources *(toys, food, people, space, etc.)*? □Yes □No □I Don't Know
If so, please explain: _____

How does your dog react to other dog's being in their personal space? *(ie. sniffing their face/back, running into them during play)*: _____

How does your dog react to unaltered dogs/puppies? *(please check all that apply)*
□Doesn't React □Fixates/Guards □Becomes Dominant/Aggressive □I Don't Know

Does your dog have any triggers we should be aware of? *(ie. big dogs, loud noises, eye contact)*
If so, please explain: _____

Handling/Tolerance

How does your dog react to handling? *(ie. touching paws, ears, tail)*
□Tolerates Well □Pulls Away □Growls/Barks/Snaps □Bites

Can your dog be walked on a leash? □Yes □No

Can your dog be picked up/carried? □Yes □No □N/A – Too Big

How does your dog react to being confined in a kennel/crate? *(please check all that apply)*
□Calm □Anxious □Barks/Whines □Becomes Aggressive/Guards Kennel
□Tries to Escape □Bites/Scratches at Gate

Temperament Related Medical/Training History

Has your dog been diagnosed with anxiety/fearfulness or any other behavioral issues? □Yes □No
If so, please explain: _____

Is your dog on any temperament related medication? □Yes □No
If so, please explain: _____

Has your dog been in a group-play environment before? □Yes □No

Has your dog been professionally trained? □Yes □No

Does your dog respond to any queues? *(ie. sit, stay, come, leave it)* □Yes □No
If so, please list: _____

Owner Acknowledgement

□ I confirm that all answers provided are accurate to the best of my knowledge.
□I confirm that I will inform Furever Pet of any changes I become aware of in my dog's temperament, medical/training history, and unaltered status as soon as possible.
□I understand that Furever Pet reserves the right to refuse/terminate any daycare reservations due to continued aggressive displays or intentionally providing false information.

Owner Signature: _____ Date of Evaluation: _____

For Furever Pet Staff Use Only:

Evaluation Administrator Name: _____ Initials: _____