



Doggie Daycare Temperament Test Application

We love dogs and we want your dog to love coming to our Doggie Daycare or other social activities. No one knows your dog better than you, so we'd appreciate you taking the time to fill out this application.

The more we know about the dogs in our care, the better our playgroups will be.

Owner's Name(s):	Today's Date:
Address:	
Daytime phone number:	
Emergency contact and number:	
Email:	

Dog Information

Please submit one application for each dog who you would like to have in Doggie Daycare

Dog's Name:	Breed: If a mix, list two predominant breeds in behavior:
1a. Current age: 1b. How long have you owned your dog? 1c. Is your dog spayed or neutered? <input type="checkbox"/> Yes <input type="checkbox"/> No	
2. Where did you get your dog? <input type="checkbox"/> Animal Shelter <input type="checkbox"/> Animal Rescue group <input type="checkbox"/> Friend/Family <input type="checkbox"/> Breeder <input type="checkbox"/> Pet Store <input type="checkbox"/> Found as stray <input type="checkbox"/> Other: _____	What knowledge do you have of your dog's past history?
3. Why are you considering our daycare program for your dog? (check all that apply) <input type="checkbox"/> Play with other dogs <input type="checkbox"/> So not home alone; check if exhibits <input type="checkbox"/> symptoms of separation anxiety <input type="checkbox"/> Exercise: <input type="checkbox"/> Primary source or <input type="checkbox"/> Additional source of exercise <input type="checkbox"/> Recommended by other pet professional (trainer, vet, etc); Reason: _____ <input type="checkbox"/> Other: _____	
4. Which of the following best describes your dog's level of socialization with other dogs: <input type="checkbox"/> None – No knowledge of other dog interaction <input type="checkbox"/> Minimal – On leash encounters only <input type="checkbox"/> Moderate – Some off-leash playtime on occasion with visitor's/neighbor's/friend's dog(s) <input type="checkbox"/> Extensive – Regular visits to dog social events, off-leash dog parks, dog daycare, etc.	
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): _____	
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? <input type="checkbox"/> My dog was injured, no medical treatment required <input type="checkbox"/> My dog was injured and required medical treatment <input type="checkbox"/> Another dog was injured, no medical treatment required <input type="checkbox"/> Another dog was injured and required medical treatment <input type="checkbox"/> A person was injured, no medical treatment required <input type="checkbox"/> A person was injured and required medical treatment Provide any other comments you want us to know about this situation: _____ _____ _____	
6. Please describe your dog's flea/tick control and prevention program: _____ _____	
**This is not a requirement to attend Doggie Daycare, we spot check all dogs at check in and use prevention measures in facility	
7. Does your dog have any allergies? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain: _____	
8. Does your dog have any physical disabilities? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain disability and cause: _____ _____ If yes, what restrictions need to be placed on your dog's activities or movements? <input type="checkbox"/> No jumping <input type="checkbox"/> No running <input type="checkbox"/> No hard play <input type="checkbox"/> No contact with other dogs <input type="checkbox"/> Other, please explain: _____	
9. Does your dog have any medical conditions? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain: _____ If medication is used to control the condition, please provide name and dosage: _____ _____	
10. Provide details about your dog's diet: a. type (kibble, canned, raw): _____ b. brand (Purina, Iams, Blue Buffalo, etc.): _____ c. primary protein source: _____ d. feeding schedule: _____	
11. On what type of surface does your dog generally go to the bathroom (grass, rock, concrete)? _____	
12. Does your dog have any bathroom-related issues or concerns? _____ _____	
13a. How often do you brush or comb your dog's coat? _____ _____	13b. How does your dog react to having his/her nails clipped? _____ _____
13c. Does your dog like to be brushed? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, what have you tried to make it more enjoyable? _____ _____	
14. Does your dog have any sensitive areas on his/her body? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, where? _____ _____	
15. Where are your dog's favorite petting spots? _____ _____	
16a. How frequently is your dog walked outside? _____ _____	16b. How long are your walks? _____ _____

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

- Couch Potato: spends days sleeping, occasional walks and/or playtime with humans or dogs
- Mild Exerciser: short daily walks and/or regular playtime with human or dogs
- Moderate Exerciser: long or multiple walks daily and/or regular playtime with human or dogs
- Athlete: regular jogs/runs and/or regular participation in a dog sport activity such as agility, flyball, frisbee, etc.

Household Information

18. Complete table with information on other pets in household:

Breed	Age	Sex	Spayed or Neutered
1.		<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Yes <input type="checkbox"/> No
2.		<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Yes <input type="checkbox"/> No
3.		<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Yes <input type="checkbox"/> No
4.		<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have cats? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, how many cats do you have? _____		How does your dog get along with your cats? _____ How does he/she react to unfamiliar cats he/she sees on walks? _____	

19a. Does your dog like children? Yes No

19b. How does your dog behave around children?

19c. How does your dog get along with other household animals? _____

20. Do any visitors bring their dog(s) to your house? Yes No

If yes, how do they get along? _____

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

22. Does your dog ever bark or growl at anyone passing outside your home or yard? _____

23. Are there any types and/or breeds of dogs your dog seems to automatically fear or dislike?

Yes No If yes, please explain: _____

24. How does your dog react to puppies: _____

25. How does your dog react to another dog approaching him/her in a park, at a beach, or on a walk?

a. On leash: _____ b. Off leash: _____

26. Does your dog play with other dogs? Yes No

If yes, which type?

- Males and females
- Only males
- Only females

Please describe size, breed and temperament of the other dogs? _____

27. What kinds of games does your dog play with other dogs? _____

28. What kinds of games does your dog play with people? _____

<p>29. Has your dog ever shared his/her food or toys with other animals? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, how does your dog react to another dog approaching his/her food or toys? _____</p>
<p>30. Which commands does your dog know? (please check all that apply) <input type="checkbox"/> Sit <input type="checkbox"/> Stay <input type="checkbox"/> Down <input type="checkbox"/> Come <input type="checkbox"/> Heel <input type="checkbox"/> Rollover <input type="checkbox"/> Kisses <input type="checkbox"/> High five <input type="checkbox"/> Other: _____</p>
<p>31. 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 lessons in home <input type="checkbox"/> Other: _____</p>
<p>32. 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"/> Use occasionally to better control behavior <input type="checkbox"/> Rarely used <input type="checkbox"/> Not applicable</p>
<p>33. What kind of collar do you use to walk your dog? <input type="checkbox"/> Buckle <input type="checkbox"/> Nylon/Chain choke collar <input type="checkbox"/> Head collar (i.e. gentle leader) <input type="checkbox"/> Pinch collar <input type="checkbox"/> Harness – leash clips on back <input type="checkbox"/> Harness – leash clips on front <input type="checkbox"/> Other: _____</p>
<p>34. Is it effective in keeping him/her under control? _____</p>
<p>35. Has your dog ever gotten away from someone when out for a walk? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain: _____</p>
<p>36. Has your dog ever jumped up on someone? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain: _____</p>
<p>37. How does your dog act when you get home at the end of the day? _____</p>
<p>38. What does your dog do to show he/she is happy? _____</p>
<p>39. What does your dog do to show he/she is upset? _____</p>
<p>40. Does your dog have any problems in any of the following areas? If yes, please explain: <input type="checkbox"/> Mouthing: _____ <input type="checkbox"/> Housetraining: _____ <input type="checkbox"/> Barking: _____ <input type="checkbox"/> Digging: _____ <input type="checkbox"/> Ignoring commands: _____</p>
<p>41. Does your dog know any tricks? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please describe: _____</p>

Dog Behavior Information

<p>42. Are there any particular types of people your dog seems to automatically fear or dislike? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain: _____</p>
<p>43. Has your dog ever growled at someone? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, what were the circumstances and how did you respond? _____</p>

44. Has your dog ever bitten a person? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, what were the circumstances and how did you respond? Please describe injuries (if any) _____
45. Has your dog ever bitten another animal? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, what were the circumstances and how did you respond? Please describe injuries (if any) _____
46. To the best of your knowledge, what does your dog do when you're not home? _____
47. Has your dog ever climbed/jumped a fence? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, what were the circumstances? How high was the fence? _____
48. Has your dog ever escaped from your house or yard? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain the circumstances: _____
49. How would you describe the energy level of your dog? <input type="checkbox"/> Low <input type="checkbox"/> Medium <input type="checkbox"/> High
50. Has your dog ever chased or tried to chase a small animal? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain the circumstances: _____
51. Has your dog ever chased someone (or wanted to) on a skateboard or bicycle? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain the circumstances: _____
52. Is your dog frightened by thunderstorms? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, describe typical behavior and what specifically helps to relax your dog or calm his/her fear: _____
53. Is your dog frightened or nervous around anything else? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain: _____
54. Does your dog play with any toys? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, what kind of toys does your dog like? _____
55. Has your dog ever growled or snapped at a person who has taken food or toys away from him/her? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, what were the circumstances and how did you respond? _____
56. Has your dog ever growled or snapped at another dog who has taken food or toys away from him/her? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, what were the circumstances and how did you respond? _____
57. Have you ever noticed your dog stopping and staring at another animal? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain the circumstances: _____
58. Other comments or information about your dog that you feel might be helpful? _____ _____ _____ _____ _____

Thank you for the time you spent completing the application form. We look forward to meeting you and your dog on the scheduled temperament test day. Please contact us if you have any questions on the next steps of the temperament test process.

****Please sign that you have read and understand the Owner Agreement on the following page****

Owner Agreement

By submitting this Temperament Test Application, I am requesting that the staff of Wishbone evaluate and determine, in its sole judgment, whether my pet may be suitable for participating in the Doggie Daycare program and/or other social programs hosted by Wishbone. I understand, and hereby agree that:

- a) Wishbone, in order to admit my dog(s) to participate in such social activities, has relied on my representation that my dog is in good health and has not been ill with any communicable disease in the last 30 days, and I agree to inform Wishbone of any such communicable disease that my pet contracts in the future. Further, my dog has not harmed or shown aggressive or threatening behavior towards any person or any other dog.
- b) I am solely responsible for any harm caused by my dog while it is attending Wishbone Doggy Play and Stay or any other social activities.
- c) Wishbone and its staff will not be held responsible for any problems that develop, provided reasonable care and precaution are followed, and I hereby release them of any liability of any kind whatsoever arising from my dog’s attendance in Doggy Daycare or other social activities.
- d) Any problem that may develop with my dog will be treated as deemed best by staff of Wishbone Doggy Play and Stay, in their sole discretion and that I assume full financial responsibility for any and all expenses involved.
- e) My dog is always on probation and can be excused from the daycare program at any time for good cause, as deemed by Wishbone staff; my dog can always be retested in the future if I can demonstrate I have remedied the issue to the best of my ability.

I hereby certify that I have read and understood this agreement. I agree to abide by, and accept, all terms, conditions and statements of this agreement.

Owner Signature: _____ Date: _____

This section to be completed by Wishbone Staff	
Received By:	Scheduled By:
Received Date:	Scheduled Date/Time:
Front Desk to complete: (please initial) <input type="checkbox"/> Client profile completed <input type="checkbox"/> All vaccines verified <input type="checkbox"/> Scheduled in Kennel Connection <input type="checkbox"/> Scheduled in temperament test schedule book	Daycare staff to complete: (please initial) <input type="checkbox"/> Client received feedback call <input type="checkbox"/> P or SP added to KC profile <input type="checkbox"/> Welcome kit completed <input type="checkbox"/> Evaluation completed <input type="checkbox"/> File created