



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:	
How did you hear about us?	

Dog Information

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

Dog's Name:	Breed: <i>(If mixed list two predominant breeds in behavior)</i>
How much does your dog weigh? _____ lbs	
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 dogs past history?
3. Why are you considering our daycare program for your dog? (Check all that apply) <input type="checkbox"/> To play with other dogs / Socialize <input type="checkbox"/> So they are not home alone; check if exhibit symptoms of <input type="checkbox"/> 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	

- Minimal – On leash encounters only
- Moderate – Some off leash playtime on occasion with visitor's / neighbor's / friends dog (s)
- Extensive – Regular visits to dog social events, off-leash dog parks, dog daycare, etc.

5a. Has your dog had any problems previous in an off-leash social environment?

- No
- Yes (check all that apply)
 - Altercation or fight at public park
 - Altercation or fight with a neighbor or friend's dog
 - Fearful reaction in a group of dogs
 - Dismissed from prior dog daycare or social playgroup program (complete item 5b)
 - Other (please describe): _____

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

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

- 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 required
- A person was injured and required medical treatment

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

6. Please describe your dogs flea / tick control and prevention program : _____

*** We highly recommend all of our daycare attendants are on flea and tick prevention. We use additional prevention measures in the facility, and will spot check dogs.*

7. Does your dog have any allergies? Yes No

If yes, please explain: _____

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

If yes please explain disability and cause: _____

If yes, what restrictions need to be placed on your dog's activities or movements? (Check all that apply)

- No jumping No running No hard playing No contact with other dogs
- Other, please explain: _____

9. Does your dog have any medical conditions? Yes 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, Acana, Iams, Zignature 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?
14. Does your dog have any sensitive areas on his / her body? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, where? : _____	
15. Check all the boxes below that best represents your dog's overall level of exercise routine: <input type="checkbox"/> Couch Potato: spends the day sleeping, occasional walks and / or playtime with humans or dogs <input type="checkbox"/> Mild Exerciser: short daily walks and / or regular playtime with human or dogs <input type="checkbox"/> Moderate Exerciser: long or multiple walks daily and / or regular playtime with humans or dogs <input type="checkbox"/> Athlete: regular jogs / runs and / or regular participation in a dog sport activity such as agility, flyball, frisbee, etc.	

Household Information

Complete table with information on other pets in the household.

Breed	Age	Sex	Spayed and Neutered
1		<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Spayed <input type="checkbox"/> Neutered
2		<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Spayed <input type="checkbox"/> Neutered
3		<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Spayed <input type="checkbox"/> Neutered
4		<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Spayed <input type="checkbox"/> Neutered
Do you have any other species of household pets? If yes, what type / how many?		How does your dog get along with your other pets?	
When you're not at home, where is your dog kept			

16. Is your dog comfortable with children? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure
17. How does your dog respond to strangers coming into your home or yard?
18. Are there any types and/or breeds of dogs your dog seems to automatically fear or dislike? _____ <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain _____
19. 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: _____ _____ _____
20. How would you rate your dog's social skills with other dogs? <input type="checkbox"/> Friendly <input type="checkbox"/> Timid <input type="checkbox"/> No Interest <input type="checkbox"/> Aggressive <input type="checkbox"/> Other <input type="checkbox"/> Unsure
21. How would you rate your dog's social skills with people? <input type="checkbox"/> Friendly <input type="checkbox"/> Timid <input type="checkbox"/> No Interest <input type="checkbox"/> Aggressive <input type="checkbox"/> Other <input type="checkbox"/> Unsure
22. Does your dog play with other dogs? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, which type? <input type="checkbox"/> Males and Females

<input type="checkbox"/> Only males <input type="checkbox"/> Only females
23. Does your dog get spooked from loud noises (i.e. thunder etc.)? <input type="checkbox"/> Yes <input type="checkbox"/> No
24. Is your dog crate trained / house broken? <input type="checkbox"/> Yes <input type="checkbox"/> No
25. Is your dog leash trained? <input type="checkbox"/> Yes <input type="checkbox"/> No
26. Has your dog received formal training? <input type="checkbox"/> Yes <input type="checkbox"/> No If so, what kind? _____
27. Which commands does your dog know? <input type="checkbox"/> Sit <input type="checkbox"/> Stay <input type="checkbox"/> Down <input type="checkbox"/> Come <input type="checkbox"/> Heel <input type="checkbox"/> High five <input type="checkbox"/> No Other: _____
28. Does your dog try to escape by digging, jumping, fence climbing etc.? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure *** Digging, climbing, and all destructive behavior in our facility, can result in temporary / permanent suspension from daycare.
29. Does your dog enjoy toys? <input type="checkbox"/> Yes <input type="checkbox"/> No
30. 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? _____ _____
31. What does your dog do to show he / she is happy?
32. What does your dog do to show he / she is upset?
33. Does your dog have any problems in any of the following areas? If yes, please explain : <input type="checkbox"/> Mouthing: _____ <input type="checkbox"/> House training: _____ <input type="checkbox"/> Barking: _____ <input type="checkbox"/> Digging: _____ <input type="checkbox"/> Ignoring Commands: _____
34. How would you describe the energy level of your dog? <input type="checkbox"/> Low <input type="checkbox"/> Medium <input type="checkbox"/> High
35. Is there anything else we should know about your pet?
36. When would you like to start daycare?

To the best of my knowledge the above information is true.

Signature: _____ Date: _____

Veterinary Information

Veterinary Clinic:	Vet's Name:
Vet's Address:	
Vet's Phone:	Fax:
Immunization Requirements: a. Is your dog fully immunized with our required vaccinations? <input type="checkbox"/> Yes <input type="checkbox"/> No If so please fill in the dates each vaccination expires: Distemper: _____ Bordatella (every 6 months): _____ Rabies: _____ Parvovirus: _____ <p style="text-align: center;">*** It is the responsibility of the client to provide proof of vaccinations.</p> <p style="text-align: center;">*** Pet owner must understand that even if their dog is vaccinated against canine cough (Bordetella), there is a chance that the dog can still contract canine cough.</p>	
Is your dog Micro-chipped? <input type="checkbox"/> Yes <input type="checkbox"/> No	Is your dog spayed / neutered? <input type="checkbox"/> Yes <input type="checkbox"/> No
Dog's Color:	Identifying Marks:
Sex: M / F	Age: _____ Breed: _____

Emergency Contact:

Emergency Contact Name:	Phone:
Emergency Contact Name:	Phone:
Please check to consent. In case of an emergency requiring medical attention one of our staff members has your permission to take your dog to the closest emergency response veterinary clinic for assessment and treatment. <input type="checkbox"/> Yes <input type="checkbox"/> No Preferred Emergency Vet: _____ Phone: _____	

Pick Up Authorization

Please list the person(s) allowed to pick up your pets:

Name:	Phone Number:
Name:	Phone Number:
Name:	Phone Number:

Under no circumstances will your pet be released to anyone other than the individuals listed without prior consent.

Owner Agreement:

Name:	
Address:	
Home:	Cell:
Dog name(s):	

1. I further understand that Gimmie A Bark Daycare, has relied upon my representation that my dog is in good health and has not injured or shown aggression or threatening behavior to any person or do gin admitting my dog for services at their facility. I acknowledge my dog has not been ill with any communicable disease in the last 30 days, and I agree to inform Gimmie A Bark of any such communicable disease.
2. I further understand that Gimmie A Bark Daycare, their owners, staff, partners and volunteers, will not be liable, financially or otherwise, for injuries to my dog, myself or any property of mine while my dog is participating in services provided by Gimmie A Bark.
3. I further understand and agree that any problems with my dog, behavioral, medical or otherwise, will be treated as deemed by staff of Gimmie A Bark Daycare in their sole discretion, and in what they view as the best interest of the animal. I understand that I assume full financial responsibility and all liability for any and all expenses involved in regards to the behavior and health of my dog(s).
4. I further understand that there are risks and benefits associated with group socialization of dogs. I agree that the benefits outweigh the risks and that I accept the risk. I desire a socialized environment for my dog while attending services provided by Gimmie A Bark Daycare and while in their care. I understand that while the socialization and play is closely and carefully monitored by Gimmie A Bark staff to prevent injury, it is still possible that during the course of normal play my dog may receive minor injury from roughhousing with other dogs. Any injuries noted to my dog will be pointed out by staff upon pick-up.
5. I understand by allowing my dog to participate in services offered by Gimmie A Bark Daycare I hereby agree to allow Gimmie A Bark to take photographs or use images of my pet in print form or otherwise for publication and promotion.
6. I further understand that I am solely responsible, financially or otherwise, for any harm or damage caused by my dog while my dog is attending any services provided by Gimmie A Bark Daycare.
7. My dog is always on probation and can be excused from the daycare program at any time for good cause, as deemed by Gimmie A Bark daycare staff, in their sole discretion and that I assume full financial responsibility for any and all expenses involved. I also understand that upon possible suspension Gimmie A Bark Daycare is not liable to refund any pre-paid services.
8. I understand that if my dog is not picked up on time I hereby authorize Gimmie A Bark Daycare to take whatever action is deemed necessary for the continuing care of my dog. I will pay Gimmie A Bark Daycare the cost of any such continuing care upon demand by Gimmie A Bark daycare. I understand that if I do not pick up my dog Gimmie A Bark will proceed according to the guidelines provided by Florida Statue 705.19 Abandonment of animals by owner; procedure for handling. I also acknowledge that I will be fully responsible for all attorney's fees and associated costs if I abandon my dog.

Signature of Owner: _____ Date: _____

Printed Name: _____

Doggie Daycare Medical Release Form:

This is a required form for all Gimmie A Bark Daycare participants receiving services. First and foremost the safety and well being of your pet(s) is the highest importance. Insuring that your pet remains safe and well cared for is our first responsibility and as such we take it very seriously. We do our best to have our pet parents screen for pre-existing health conditions, but some factors may be beyond our control. In the event that a medical emergency arises while a pet is at our facility or participating in a service that we provide, it is imperative that we are immediately able to get them medical treatment at the closest available facility. We will call ahead to the veterinary offices in closest proximity geographically to us to insure that they can handle the emergency present. Your pet will be rushed to the closest available facility for treatment and you will be notified. We notify the owner after we have secured a medical treatment center for the animal to avoid delays that may be caused by emotion on the part of the owner. Our goal is to get your pet medical attention as quickly as humanly possible, and any distractions may interfere with that process.

For that reason it is a requirement to have our pet parent sign this form.

I understand that in the event of a medical emergency, that Gimmie A Bark Daycare at its sole discretion, deems the need of immediate attention of a licensed veterinarian. I authorize Gimmie A Bark Daycare to seek medical attention at the closest available veterinary facility. I further agree that I am financially responsible for any medical treatment my pet(s) receives as a result of a medical emergency while attending services provided by attending services provided by Gimmie A Bark Daycare.

Signature of Owner: _____ Date: _____

Printed Name: _____