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**Wags to Riches Client Questionnaire**

 **For Daycare and Boarding Services**

**DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Dog Owner Information**

**Owner 1 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Owner 2 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Dog’s Name (1) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (2) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (3) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**(Please provide additional info about dogs on the next page)**

**Service Requested: \_\_\_ Dog Daycare \_\_\_ Overnight Boarding**

**Please read carefully and complete all information**

Questions in the pre-evaluation cover your dog’s social skills, obedience history, and medical information. This information will help us to understand how to provide the best care. Please provide as much detail as possible. When completed, please send this form along with the most recent copy of your dog’s vaccination records to:

**Email:** wagstorichesfv@outlook.com

We will need to set up a time to meet your dog and we require at least one primary owner to be present to conduct a temparament evaluation. This is REQUIRED for dogs to participate in play groups at Wags to Riches. Due to high demand, we may be booking out several weeks. The fee for this evaluation is $25, which is non-refundable.

**DOG INFORMATION**

**Dog 1**

**Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth or Age: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Gender: M / F**

**Breed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (please be as specific as possible)**

**Color: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Spayed or Neutered? Yes / No**

**Dog 2**

**Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth or Age: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Gender: M / F**

**Breed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (please be as specific as possible)**

**Color: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Spayed or Neutered? Yes / No**

**Dog 3**

**Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth or Age: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Gender: M / F**

**Breed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (please be as specific as possible)**

**Color: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Spayed or Neutered? Yes / No**

**Required Vaccinations: *- For each dog listed, please provide records with due dates for the following vaccines:***

* **Rabies (for dogs 4 months of age or older)**
* **Distemper**
* **Bordetella**

**GENERAL INFORMATION**

**If you are answering about more than one dog, please use the dog’s first initial** **to indicate dog you are referring to.**

1. How long have you had your dog? Where did you get him/ her? For example, shelter, rescue, purchase, rehomed?
2. If your dog is a rescue, what if anything do you know about the dog’s history before he/she came to you?
3. Does your dog have any medical issues or surgeries in the past that we should be aware of?
4. Circle the command words your dog knows, if any.

 Name

 Come

 Sit

 Stand

 Down (lay down)

 Stay/ Wait

 Shake/ High Five

 Heel

 Fetch

 Drop it/ Release it

 Hand Signals

 Other:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Would you say your dog is possessive of any certin items: i.e bones, toys. If yes, please explain.
2. What, if anything, would make your dog growl at you or someone else? Please explain.
3. How does your dog react when meeting new people? Please indicate any specifics, for example, outside of the home, inside of the home, men vs women, adults vs children.
4. What are your dog’s favorite toys, if interested in toys?
5. Is your dog sensitive about any parts of his/her body touched, for instance tail, paws, etc?

**BOARDING INFORMATION**

**If you are answering about more than one dog, please use the dog’s first initial** **to indicate dog you are referring to.**

1. Where is your dog when he or she is home alone?
	1. In a kennel
	2. Blocked off in an area
	3. Free to roam the house
	4. Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**DOG DAYCARE INFORMATION**

11. List other animals in your household that your dog may interact with (name, species, breed, gender, age). How do they get along?

1. Does your dog play with other dogs, besides sibling dogs at home? If yes, how frequently and where?
2. Explain how your dog plays with other dogs. What play behaviors do you observe?
3. Do you go to the dog park? How does your dog act toward the other dogs there?
4. Have you ever taken your dog to another dog daycare? If yes, explain how they did there?
5. Has your dog ever had a dog ever been in an altercation with another dog?

 If so, explain?

1. Has your dog every been bitten that has resulted in needing veterinary attention? Yes / No
2. Has your dog ever bitten/injured another dog or animal that has resulted in needing veterinary attention? Yes / No

If so, explain:

1. Has your dog ever bitten a human that has resulted in the person needing medical attention? Yes / No

If so, explain:

1. Does your dog chase wild animals/ small critters (rabbits, squirrels, birds, etc.) Yes / No
* If so, has he or she ever seriously injured or killed one? Yes / No
* On a scale of 1 (low) to 10 (high), how would you rate your dog’s prey instinct? \_\_\_\_\_\_\_\_\_\_\_\_
* Do you feel he or she can distinguish a small dog/ cat/ domestic animal from a wild animal? Yes / No

*If no, please explain:*

1. What is the main reason you have chosen doggie daycare for your dog (exercise, socialization)?

**Dog Owner’s Name (Print): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**