



**Happy Tails Doggy Daycare, Inc.
Questionnaire**

Please complete this questionnaire, so that we may properly take care of your dog.
Bring the completed questionnaire and current vaccination records with you on your initial visit.

**** Please print clearly****

Parent Information:

Today's Date:

Parent # 1 Name:

Parent # 2 Name:

Address:

Address:

City: State: Zip:

City: State: Zip:

Home Tel:

Home Tel:

Cell:

Cell:

E-mail:

E-mail:

Employer's Name:

Employer's Name:

Work Tel:

Work Tel:

How did you hear about Happy Tails Doggy Daycare, Inc.?

Dog Information:

Dog's Name:

Breed/Mix:

Age: Birth Date: Color: Sex: M / F Weight:

Is your dog spayed/neutered? Yes / No At what age spayed/neutered?

Where was this dog acquired?

How long has this dog lived with you? What food do you feed your dog?

Vet's Office Name:

Preferred Veterinarian:

Phone:

City:

Training Information:

Has your dog attended training classes? Yes / No Where?

What commands does your dog know and respond to?

Is your dog crate trained? Yes / No Is the crate wire or plastic? Wire / Plastic
If so, when is the crate used (naps, bedtime, while at work? etc)

Is your dog trained to an electronic fence, remote or bark collar? Yes / No

Medical History: *To attend Happy Tails DDC, we require the following vaccinations: Rabies, Distemper and Bordatella.*

Does your dog have any Allergies? Yes / No
If so, how are they being treated?

Does your dog have any problems with ear infections? Yes / No

Does your dog regularly take any medications? Yes / No
Explain:

Does your dog have any special dietary requirements or restrictions? Yes / No
Explain:

Is your dog on a regular heartworm/parasite prevention treatment? Yes / No Which program?

Is your dog on a flea prevention program? Yes / No Which program?

Social History:

What other types of pets are in your home?

How many people live in your home? # of children? Ages?

Has your dog ever been in a social play group (dog park, friend's home etc?) Yes / No
What type or situations?

Has your dog ever been to daycare? Yes / No Which One?

Does your dog exhibit any of these behaviors: Growling Hiding Biting Other

Is there any behavior that you would like your dog to improve on or change?

Behaviors:

How would you describe your dog's activity level at home?

Has your dog ever shown aggressive behavior toward people? (Groomers, Strangers, etc)

How do they react to strangers?

Is there any particular dog breed that your dog doesn't like or shows fear of?

Has your dog shown any aggressive behaviors towards another dog? Yes / No
What sort of behavior?

Has your dog ever been involved in a situation with another dog that resulted in a bite wound to either dog?

Does your dog have separation anxiety? Yes / No
Details?

Does your dog willingly accept handling by others i.e.: grooming, nail clipping?

What scares your dog? And how do you deal with it?

What activities does your dog love to do?

Has your dog ever Climbed Fences? (If yes what height?) Has your dog ever jumped a gate? (What height?)

Does your dog bark a lot? ? Yes / No At what?

Is your dog toy protective? Yes / No Food protective? Yes / No Water bowl protective? Yes / No

Any other Special Instructions?

Emergency Contact:

EMERGENCY CONTACTS MUST BE RELIABLE PEOPLE THAT CAN EITHER PICK UP YOUR PET AND/OR MAKE A DECISION IN CASE OF AN EMERGENCY.

If owner is not available, please contact:

Name: Tel:

Name: Tel: