

Health and Behavior Questionnaire For Daycare Services

You are responsible for informing us of any and all incidents of biting and aggression concerning your dog (i.e. dog-to-dog, dog-to-human, etc.)

FOR DAYCARE SERVICES: My dog is spayed or neutered, if older than 6 months, or will be spayed or neutered after 6 months of age

Does your dog have dietary, activity restrictions? _____ _____ _____
Please provide any additional important information (eg. allergies, bumps or blemishes, medical conditions, skin sensitivities, hip dysphasia): _____ _____
Does your dog liked to be brushed? Yes <input type="checkbox"/> No <input type="checkbox"/> How often do you brush your dog?
Is your puppy comfortable with other dogs? Yes <input type="checkbox"/> No <input type="checkbox"/>
Is your puppy comfortable staying in a kennel? Yes <input type="checkbox"/> No <input type="checkbox"/>
How does your dog react to other dogs visiting in your home? _____
Are there any people your dog automatically fears or dislikes? _____
Are there any breeds or kinds of dogs your dog automatically fears or dislikes?
Does your dog like / dislike / tolerate children?
How many times per day do you walk your dog?
How does your dog react to puppies?
Has your dog ever growled at someone? Yes <input type="checkbox"/> No <input type="checkbox"/> What were the circumstances? _____ _____
Has your dog ever bitten someone? Yes <input type="checkbox"/> No <input type="checkbox"/> What were the circumstances? _____ _____
Does your dog have any problems in the following areas: Destructive Chewing? _____ Mouthing? _____ House Training? _____ Barking? _____ Nervousness _____ Coming when called _____ Ignoring commands _____ Eating feces _____ Pulling on leash _____ Frightened by noises _____ Eating non food items _____
Have you tried taking food or toys away from your dog? Yes <input type="checkbox"/> No <input type="checkbox"/> If so what happened? _____
Will your dog share food and toys with other animals? Yes <input type="checkbox"/> No <input type="checkbox"/>
Has your dog had formal obedience training? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes when and with whom? _____
Are there any other comments or special requirements (i.e. preferences, feeding schedule, medications, etc.) we should know about? _____ _____ _____