



Daycare Evaluation Application

GROUP PLAY REQUIREMENTS

To join group play, dogs must be current on all vaccinations, spayed/neutered (if over 9 months), and on a flea preventative. We do implement breed restrictions for group play – Pit Bull Terrier, Bull Terrier, Staffordshire Bull Terrier, American Bulldog, and any mix thereof. We are happy to have these breeds stay and play with us, but in private play one on one with our attendants.

Purpose of Evaluation:

- Come to daycare regularly.
- Come to daycare occasionally.
- Participate in daycare during a future boarding stay. Boarding dates: _____
- Only come to daycare for a short period of time. Explain: _____

Owner's Information

Owner: _____ Cell: _____ Email: _____

Second Owner: _____ Cell: _____ Email: _____

Address: _____ State: _____ City: _____

ZIP Code: _____ Home Phone: _____

Emergency Contact: _____ Phone: _____
(other than owners)

Pet Information

Name: _____ Breed: _____

Age: _____ Sex: Male Female Neutered Spayed

How long have you owned your dog? _____

Where did you get your dog? _____

In your opinion, what energy level is your dog? low medium high

If evaluating multiple dogs, please list their information here:

Name	Breed	Age	Male	Female	Neutered/ Spayed?



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Household

- 🐾 How many adults are in your household? Males: _____ Females: _____
- 🐾 How many children? _____ What are their ages? _____
- 🐾 Has your dog had a negative experience with anyone in your family? Yes No If yes, explain: _____
- 🐾 What other pets are in your household? None

Name	Type	Breed	Age	Male	Female	Neutered/ Spayed?
	<input type="checkbox"/> Dog <input type="checkbox"/> Cat <input type="checkbox"/> _____					
	<input type="checkbox"/> Dog <input type="checkbox"/> Cat <input type="checkbox"/> _____					
	<input type="checkbox"/> Dog <input type="checkbox"/> Cat <input type="checkbox"/> _____					

- 🐾 Do all your pets get along well? If not, explain: _____

Health

- 🐾 Is your dog on a flea/tick preventative? Yes No Date last applied? _____
Brand: _____ Oral Topical
- 🐾 Does your dog have any conditions that could affect them during daycare (ex: hip dysplasia, anxiety)? Yes No If yes, explain: _____
- 🐾 Does your dog have any areas on its body it does not like touched? Yes No
If yes, explain: _____
- 🐾 Does your dog have any allergies to food or medication? Yes No
If yes, explain: _____
- 🐾 Can we give your dog treats while he/she is in daycare? Yes No



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Play History

- 🐾 Has your dog played with other dogs before? Yes No - *Go to Behavior section.
- 🐾 How often does your dog play with other dogs? Daily weekly monthly less often
- 🐾 When was the last time your dog was with other dogs outside of the family? last week last month
 6 months longer
- 🐾 Were the dogs familiar with each other before the encounter? Yes No
- 🐾 Are there any dogs you or your dog automatically fears/dislikes?
 Yes No If yes, describe them (age/size/breed/energy level): _____
- 🐾 Where does your dog play with other dogs? Public Dog Park Daycare
 Neighborhood _____
- 🐾 How large is the group your dog plays with? 1-2 3-5 6 or more
- 🐾 What size are the dogs your dog plays with? smaller same size larger
- 🐾 What energy level do the other dogs have? low medium high
- 🐾 Has your dog ever had an altercation with another dog? Yes No
- 🐾 When was the most recent altercation? What happened? _____

- 🐾 How many other altercations has your dog been involved in? _____

Behavior

- 🐾 Are there any people your dog automatically fears/dislikes? Yes No
If yes, describe them (age/gender/race/size/clothing/voice level): _____

- 🐾 Has your dog ever growled at anyone? Yes No
 - 🐾 Was your dog: on-leash off-leash at home somewhere public
 - 🐾 Describe: _____



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Has your dog ever bitten anyone? Yes No

Was your dog: on-leash off-leash at home somewhere in public

Describe: _____

Does your dog exhibit any of the following behaviors?

- barking mouthing toy aggression climbing/jumping fences
- digging mounting eating feces eating rocks/undesirable items
- food/water bowl aggression easily frightened by noises

Explain: _____

Has your dog had any formal obedience training, and what commands do they know?

Yes No, _____

Where? _____

How long ago? _____

Do you walk your dog outside of your home? Yes No How often? _____

What leash/collar/harness do you use? _____

How does your dog react to other dogs approaching it in public places?

o On-leash: _____

o Off-leash: _____

Is your dog allowed to do pool play? Yes No

Other Comments

Is there any other information that might be helpful to us during your dog's evaluation?
