



The Secret Garden Pet Resort Daycare Application

We love dogs and want your dog to love coming to our daycare. No one knows your dog better than you, so we'd appreciate you taking the time to fill out this application in full. This application was taken and modified from www.TheDogGurus.com to help us determine if your dog is a good fit for our daycare.

Owner's Name(s):	Phone Number:
Address:	Email:

Dog Information *Please submit one application for each dog who you would like to attend daycare*

Dog's Name:	Breed(s):	Weight:
1a. Current age: 1b. Is your dog spayed/neutered? <input type="checkbox"/> No <input type="checkbox"/> Yes; when?		
2a. Where did you get your dog? <input type="checkbox"/> Classified Ad <input type="checkbox"/> Breeder <input type="checkbox"/> Animal Shelter <input type="checkbox"/> Pet Store <input type="checkbox"/> Friend <input type="checkbox"/> Stray <input type="checkbox"/> Other:	2b. What knowledge do you have of your dog's past history?	
3. Why are you considering our daycare program for your dog? (check all that apply) <input type="checkbox"/> Play with other dogs <input type="checkbox"/> Become socialized <input type="checkbox"/> So not home alone - check if <input type="checkbox"/> exhibits symptoms of 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 <input type="checkbox"/> Other, please explain:		
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 <input type="checkbox"/> Minimal - On leash encounters only <input type="checkbox"/> Moderate - Some off-leash playtime on occasion with visitor's/neighbor's/friend's dog(s) <input type="checkbox"/> Extensive - Regular visits to dog social events, off-leash dog parks, dog daycare, etc.		
5a. Has your dog had any problems previously in an off-leash social environment? <input type="checkbox"/> No <input type="checkbox"/> Yes, (check all that apply) <input type="checkbox"/> Altercation or fight at a public dog park <input type="checkbox"/> Altercation or fight with a neighbor or friend's dog <input type="checkbox"/> Fearful or defensive reaction in a group of dogs <input type="checkbox"/> Dismissed from a prior dog daycare or social playgroup program <input type="checkbox"/> Other, please explain:		
5b. <i>Only complete if you answered yes in 5a</i> Please check each statement below that applies to the situation: <input type="checkbox"/> My dog was injured <input type="checkbox"/> Another dog was injured <input type="checkbox"/> A person was injured Please provide any other comments you want us to know about this situation:		

Health History

6. Please describe your dog's flea/tick control and prevention program:	
7. Does your dog have any allergies? <input type="checkbox"/> No <input type="checkbox"/> Yes, please explain:	
8a. Does your dog have any physical disabilities? <input type="checkbox"/> No <input type="checkbox"/> Yes, please explain: 8b. If yes, what restrictions need to be placed on your dog's activities or movements?	
9a. Does or has your dog had any medical conditions or illnesses? <input type="checkbox"/> No <input type="checkbox"/> Yes, please explain: 9b. If medication is used to control a current condition, please provide the name and dosage:	
10. On what type of surface does your dog generally go to the bathroom (e.g. grass, rocks, pee pads)?	
11. Does your dog have any bathroom-related issues or concerns?	
12. Does your dog have any sensitive areas on his/her body (e.g. paws, nails)? <input type="checkbox"/> No <input type="checkbox"/> Yes, please explain:	
13a. How frequently is your dog walked outside?	13b. How long are your walks?
14. What best represents your dog's overall level of exercise routine: <input type="checkbox"/> Couch Potato: Spends days sleeping, occasional walks and/or playtime with humans or other dogs <input type="checkbox"/> Mild Exerciser: Short daily walks and/or regular playtime with humans or other dogs <input type="checkbox"/> Moderate Exerciser: Long or multiple walks and/or regular playtime with humans or other dogs <input type="checkbox"/> Athlete: Regular jogs/runs and/or regular participation in a dog sport activity such as agility, fetch etc.	

Household Information: *Please complete the table with information on other pets in household*

Breed	Age	Sex	Spayed or Neutered
1.		<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Yes <input type="checkbox"/> No
2.		<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Yes <input type="checkbox"/> No
3.		<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Yes <input type="checkbox"/> No
How does your dog get along with other household animals?			
Do you have cats? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, how many:		How does your dog get along with your cats? How does your dog react to unfamiliar cats he/she sees on walks?	

15a. Does your dog like children? <input type="checkbox"/> Yes <input type="checkbox"/> No; Please explain:	15b. How does your dog behave around children?
16a. Do any visitors bring their dog(s) to your house? <input type="checkbox"/> Yes <input type="checkbox"/> No 16b. If yes, how do they get along?	
17. How does your dog react to a stranger coming into your home or yard?	

<p>18. Does your dog ever bark or growl at anyone passing outside your home or yard? <input type="checkbox"/> No <input type="checkbox"/> Yes, please explain:</p>
<p>19. Are there any types and/or breeds of dogs your dog seems to automatically fear or dislike? <input type="checkbox"/> No <input type="checkbox"/> Yes, please describe:</p>
<p>20. How does your dog react to puppies?</p>
<p>21. How does your dog react to another dog approaching him/her? a. On Leash: b. Off Leash:</p>
<p>22. Does your dog play with other dogs? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, which type? <input type="checkbox"/> Males <input type="checkbox"/> Females <input type="checkbox"/> Both Please describe size, breed & temperament of the other dogs:</p>
<p>23. What kinds of games does your dog play with other dogs?</p>
<p>24. What kinds of games does your dog play with people?</p>
<p>25. 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?</p>
<p>26. Which commands does your dog know? (Please check all that apply) <input type="checkbox"/> Sit <input type="checkbox"/> Stay <input type="checkbox"/> Down <input type="checkbox"/> Come <input type="checkbox"/> Heel <input type="checkbox"/> Rollover <input type="checkbox"/> High Five/Paw <input type="checkbox"/> Other:</p>
<p>27. How did your dog get his/her obedience training? (Please check all that apply) <input type="checkbox"/> Attended group class; If so, where: <input type="checkbox"/> Attended private class; If so, where: <input type="checkbox"/> Dog was sent to board and train program; If so, where: <input type="checkbox"/> Other, please explain:</p>
<p>28. Which of the following best describes the use of obedience cues with your dog at home? <input type="checkbox"/> Key part of daily communication <input type="checkbox"/> Used when we go on walks or have people over <input type="checkbox"/> Used occasionally to better control behavior <input type="checkbox"/> Rarely Used <input type="checkbox"/> Not applicable</p>
<p>29. What kind of collar do you use to walk your dog? <input type="checkbox"/> Flat Collar <input type="checkbox"/> Chain Choke Collar <input type="checkbox"/> Harness <input type="checkbox"/> Head Collar <input type="checkbox"/> Prong/Pinch</p>
<p>30. Is it effective in keeping him/her under control? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>31. Where does your dog sleep? <input type="checkbox"/> Indoors <input type="checkbox"/> Indoors, Crated <input type="checkbox"/> Outdoors</p>
<p>32. What does your dog do to show he/she is happy?</p>
<p>33. What does your dog do to show he/she is upset?</p>

Dog Behavior Information

34. Does your dog have any problems in any of the following areas? If yes, please explain

- Mouthing:
 Housetraining:
 Barking:
 Digging:
 Ignoring commands:

35. Are there any particular types of people your dog seems to automatically fear or dislike?

36. Has your dog ever growled at someone? No

Yes, Please explain the circumstances:

37. Has your dog ever bitten a person? No

Yes, Please explain the circumstances and injuries, if any:

38. Has your dog ever bitten another animal? No

Yes, Please explain the circumstances and injuries, if any:

39. Has your dog ever climbed/jumped a fence? No

Yes, Please explain the circumstances:

40. Has your dog ever escaped from your house, yard or on a walk? No

Yes, Please explain the circumstances:

41. How would you describe the energy level of your dog? Low Medium High

42. Has your dog ever chased or tried to chase a small animal? No

Yes, Please explain the circumstances:

43. Has your dog ever chased someone (or wanted to) who was running, on a bicycle, or in a car? No

Yes, Please explain the circumstances:

44. Is your dog frightened or nervous around anything (e.g. thunderstorms)? No

Yes, Please explain:

45. Does your dog play with any toys? No

Yes, What kinds of toys:

46. Has your dog ever snapped at a person who has taken food or toys away from him/her? No

Yes, Please explain:

47. Has your dog ever snapped at another animal that has taken food or toys away from him/her? No

Yes, Please explain:

48. Are there any other comments or information about your dog that you feel might be helpful?

49. Do you have any concerns about your dog attending daycare?