

Fionavar Kennels -Dog Daycare Application

Owner's Name: _____ Date: _____

Dog's Name: _____ Breed: _____
 Current Age _____ How long have you owned dog: _____

Where did you get your dog?

Breeder	<input type="checkbox"/>	Ad (Kijiji)	<input type="checkbox"/>
Shelter	<input type="checkbox"/>	Friend	<input type="checkbox"/>
Animal Rescue	<input type="checkbox"/>	Found	<input type="checkbox"/>
Other (explain) _____			

What Knowledge do you have of your pet's history?

Why are you considering daycare for your dog? (Check all that apply)

Play with other dogs	<input type="checkbox"/>	Because of Separation Anxiety	<input type="checkbox"/>
Not home alone	<input type="checkbox"/>	Exercise (Secondary Source)	<input type="checkbox"/>
Exercise (Primary Source)	<input type="checkbox"/>		
Recommended by pet professional	<input type="checkbox"/>	Reason: _____	
Other: _____			

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 visitors/neighbours dogs
<input type="checkbox"/>	Extensive- Regular visits to dog social events, off-leash parks, dog daycare etc.

Has your dog had any problems previously in an off-leash social environment?

No Yes

If yes, please check all that apply:

<input type="checkbox"/>	Altercation or fight at a public dog park
<input type="checkbox"/>	Altercation or fight with neighbour or friend's dog
<input type="checkbox"/>	Fearful reaction in a group of dogs
<input type="checkbox"/>	Dismissed from a prior dog daycare (complete next question)
<input type="checkbox"/>	Other: _____

What reason were you given as to why your dog was dismissed?

- Another dog was injured; no medical treatment required
- Another dog was injured; medical treatment required
- A person was injured no medical treatment required
- A person was injured; medical treatment was required

Provide any other comments you want us to know about this situation:

Does your dog have any allergies? Yes _____ No _____

Describe

Does your dog have any physical disabilities? Yes _____ No _____

If yes please describe and list restrictions on your dog's activities

Does your dog have any medical conditions ? Yes _____ No _____

If yes please explain:

If medication is used please provide name and dosage

Check the box below that best represents your dog's overall level of exercise:

- Couch Potato: Spends days sleeping, occasional walks and/or playtime with humans or dogs
- Mild Exerciser: Short daily walks and/or regular playtime with humans or other dogs
- Moderate Exerciser: Long or multiple walks daily and/or regular playtime with humans or dogs
- Athlete: Regular runs and/or regular participation in a sport activity such as agility, flyball etc.

How does your dog react when other dogs visit your house?

How does your dog react to a stranger coming into your house or yard?

Does your dog bark or growl at anyone passing outside your home or yard?

If yes please describe

Are there any types and/or breeds of dogs your dog seems to automatically fear or dislike?

If yes please describe:

How does your dog react to another dog approaching him/her in a park, at the beach or on a walk?

On leash:

Off leash:

Does your dog play with other dogs? Yes _____ No _____

If yes, which types:

- | | | |
|--------------------------|-------------------|---|
| <input type="checkbox"/> | Males and females | Please describe size, breed and temperament of the other dogs |
| <input type="checkbox"/> | Only males | |
| <input type="checkbox"/> | Only females | |

Which commands does your dog know? Check all that apply

- | | | | | | |
|--------------------------|--------|--------------------------|--------|----------|--------------------------|
| <input type="checkbox"/> | Sit | <input type="checkbox"/> | Stay | Down | <input type="checkbox"/> |
| <input type="checkbox"/> | Come | <input type="checkbox"/> | Heel | Rollover | <input type="checkbox"/> |
| <input type="checkbox"/> | Kisses | <input type="checkbox"/> | High 5 | Other | <input type="checkbox"/> |

How did your dog get his/her obedience training?

- | | |
|--------------------------|---|
| <input type="checkbox"/> | Attended one level of group classes |
| <input type="checkbox"/> | Attended more than one level of group classes |
| <input type="checkbox"/> | Dog was sent to a board and train program |
| <input type="checkbox"/> | Private sessions at home |
| <input type="checkbox"/> | Other |

Which 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 behaviour |
| <input type="checkbox"/> | Rarely used |
| <input type="checkbox"/> | Not applicable |

What does your dog do to show he/she is upset?

Does your dog have any problems in any of the following areas?

- | | |
|--------------------------|-------------------|
| <input type="checkbox"/> | Mouthing |
| <input type="checkbox"/> | Housetraining |
| <input type="checkbox"/> | Barking |
| <input type="checkbox"/> | Digging |
| <input type="checkbox"/> | Ignoring Commands |

Are there any particular types of people your dog seems to automatically fear or dislike?
Has your dog ever growled at a person? Please describe the circumstances
Has your dog ever bitten a person? Please describe the circumstances
Has your dog ever bitten another animal? Please describe the circumstances
Has your dog ever climbed/jumped a fence? If yes please describe the circumstances and how high the fence was
Has your dog ever escaped from your house or yard? If yes please explain the circumstances
How would you describe the energy level of your dog? <input type="checkbox"/> Low <input type="checkbox"/> Medium <input type="checkbox"/> High
Is your dog frightened of thunderstorms? Describe behaviour and what helps calm your dog
Is your dog frightened or nervous around anything else? Please explain
Does your dog play with toys and if so what kind?
Has your dog ever growled or snapped at a person who has taken food or toys away from him/her? If yes, describe circumstances and your response.
Has your dog ever growled/snapped at another dog who has taken food or toys away from him/her? If yes, describe circumstances and your response.
Other comments or information about your dog that you feel might be helpful.