



Dog's Name: _____ Birthday: _____
Primary Breed(s): _____ Color: _____
Weight: _____ Gender: Male Female Neutered/Spayed: Yes No
How long have you had your dog? _____
Where did you get your dog? _____
Veterinary Clinic: _____ Phone: _____
City/State: _____

Feeding Instructions for Boarding

How many times a day does your dog eat? Once Twice Three times Grazes

AM amount _____

Lunch amount _____

PM amount _____

Grazes through the day? Yes or No (circle one)

Do you feed your dog treats? Yes No

Medication/Allergies

Does your dog have any medications? Yes No (Excludes heartworm and flea/tick prevention)

Medication Name: _____

Instructions: _____

Medication Name: _____

Instructions: _____

Does your dog have any allergies including food allergies? Yes No

If yes, please describe: _____

Has your dog ever had a seizure? Yes No

If your dog has had a seizure, how long ago was it and how often do they occur?

1. What are your main reasons for wanting your dog at Happy Pets Palace in group play?

(check all that apply)

Additional exercise Entertainment Socializing Reduce separation anxiety

So not home alone all day Needs dog friends Suggested by dog trainer

Other _____

2. What is your dog's level of social experience with other dogs? (check one)

None Minimal on-leash encounters or with familiar dogs only

Moderate – Some off-leash play time on occasion with unfamiliar dog(s) or group classes

Extensive – Regular visits to dog social events, off-leash dog parks, dog daycare, etc.

3. Has your dog ever had problems in an open play environment? Yes No

If yes, please describe: _____

4. Describe your dog's usual play style (check all that apply):

Easy-going Short play periods Wrestling Chase Vocal during play

Rough Energizer Bunny Non-Stop Play Alpha wants to be in charge

Athletic Moderate play Couch potato

5. When your dog is upset at another dog, how is their behavior (check all that apply):
 Moves away/submissive Barks Grumpy Gets a "Look" Hackles up
 Don't know Other _____
6. How does your dog react to puppies _____
7. Does your dog have any play restrictions for physical reasons? Yes No
 If yes, please describe: _____
8. For boarding dogs, would you like additional nap time? Yes No
9. Has your dog had obedience training? If yes, where _____
 Multiple classes A couple classes No formal classes
 Canine Good Citizen or Therapy dog Personal trainer
10. How well does obedience training work at home?
 Rarely Occasionally Consistently
11. Is the obedience effective in keeping your dog under control? Yes No
12. Daycare benefits your dog may enjoy? (check all that apply)
 Play and/or Socialize with other dogs Story-hour Hugs from Staff Swimming
 Bubbles Follow the leader Other: _____
13. Has your dog ever dangerously growled at or bit a person? Yes No
14. Bitten another animal? Yes No

If you answered yes to either question (13 or 14) above, please describe _____

15. Does your dog climb or jump fences over 5-ft high? Yes No
 If yes, what were the circumstances and how high was the fence? _____
16. Does your dog have a high "prey" drive to chase small dogs? Yes No
 If yes, please describe: _____
17. Are there any breeds or types of dog that your dog fears or dislikes? Yes No
 If yes, please describe: _____
18. Are there any particular types of people your dog seems to fear or dislike? Yes No
 If yes, please describe: _____
19. Is your dog frightened of thunderstorms? Yes No
 If yes, what do you do to calm/relax them: _____

Is there anything else you would like to share with us about your dog's habits or needs?

