



Doggie's Day Out of Palm Springs Boarding and Off-Leash Play Application

We love dogs and want your dog to love coming to our Doggie Day Care, Boarding, and Training Center. No one knows your dog better than you, so we'd appreciate you taking the time to fill out this application. The more we know about the dogs in our care, the better we will be able to serve you and your pet.

Owner's Name(s):	Today's Date:
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Dog Information

Please submit one application for each dog who you would like to have in off-leash play

Dog's Name:	<b style="color: red;">Breed: If a mix, list two predominant breeds:	
<b style="color: red;">Dog's Date of Birth (REQUIRED) - <b style="color: red;">How long have you owned your dog?	<b style="color: red;">Color:	<b style="color: red;">Weight:
Where did you get your dog? <input type="checkbox"/> Newspaper Ad <input type="checkbox"/> Breeder <input type="checkbox"/> Pet Store <input type="checkbox"/> Animal Shelter <input type="checkbox"/> Animal Rescue Group <input type="checkbox"/> Friend <input type="checkbox"/> Found as Stray <input type="checkbox"/> Other _____	Is your pup spay/neutered? <input type="checkbox"/> Yes. <input type="checkbox"/> No. - DAY CARE guests must be spay/neutered by age of 9 months. *Ask about BOARDING options for unaltered pups.	
What knowledge (if any) do you have of your dog's past history that you feel is most important for us to know?		
Why are you considering our Doggie Day Care program for your dog? (check all that apply)		
<input type="checkbox"/> N/A - BOARDING ONLY. Not considering Doggie Day Care <input type="checkbox"/> Play with other dogs <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 (trainer, vet, etc.); Reason: _____ <input type="checkbox"/> Other: _____		
Has your dog ever scaled or jumped a fence? <input type="checkbox"/> Yes <input type="checkbox"/> No Is your dog able to scale a 6' fence? <input type="checkbox"/> Yes <input type="checkbox"/> No		

Which of the following best describes your dog's level socialization with other dogs:

- None - No knowledge of other dog interaction
- Minimal - On leash encounters only
- Moderate - Some off-leash playtime on occasion with visitor's/neighbor's/friend's dog(s)
- Extensive - Regular visits to dog social events, off-leash dog parks, dog daycare, etc.

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

- Yes No

If Yes, (check all that apply)

- Altercation or fight at a public dog park
- Altercation or fight with a neighbor or friend's dog
- Fearful reaction in a group of dogs
- Dismissed from a prior dog day care or social playgroup program (complete below)
- Other (please describe) _____

Only complete if you answered YES that your dog was dismissed from a prior program.

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

Check each statement below that applies to the situation that resulted in your dog's dismissal.

- My dog was injured, no medical treatment required
- My dog was injured and required medical treatment
- Another dog was injured, no medical treatment required
- Another dog was injured and required medical treatment
- A person was injured, no medical treatment required
- A person injured and required medical treatment

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

Health History

Please describe your dog's flea/tick control and prevention program:

Does your dog have any allergies? Yes No If yes, please explain:

Does your dog have any physical disabilities? Yes No

Please explain disability & cause:

If answered yes, what restrictions need to be placed on your dog's activities or movements?

(continued on next page)

- No jumping
- No running
- No hard play
- No contact with other dogs

Does your dog have any medical conditions? Yes No
 If yes, please explain:

If medication is used to control the condition, please provide name and dosage.

Provide details of your dog's diet - **PET OWNERS ARE REQUIRED TO PROVIDE PETS FOOD FOR THE ENTIRE DURATION OF STAY. THOUGH WE DO INQUIRE ABOUT PET'S DIETS IN THE QUESTIONNAIRE DOGGIE'S DAY OUT DOES NOT PROVIDE YOUR PET'S FOOD.**

type (kibble, canned, raw/natural):

brand (Innova, Iams, Purina, etc.):

feeding schedule:

Does your dog have any bathroom-related issues or concerns?

Does your dog like to be brushed? Yes No
 If no, what have you tried to make it more enjoyable?

Does your dog have any sensitive areas on his/her body? Yes No
 If yes, where?

Where are your dog's favorite petting spots?

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

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

Household Information

Complete 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
4.		<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Yes <input type="checkbox"/> No

Do any visitors bring their dog(s) to your house? Yes No

If yes, how do they get along?

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

Does your dog ever bark or growl at anyone passing outside your home or yard? Yes No

If yes, please explain:

Are there any types and/or breeds of dogs your dog seems to automatically fear or dislike? Yes No

If yes, please describe:

Is your dog food motivated? Yes No

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 type?

Male and females

Only males

Only females

Please describe size & temperament of the other dogs.

What kinds of games does your dog play with other dogs?

What kinds of games does your dog play with people?

Has your dog ever shared his/her food or toys with other animals? Yes No

If yes, how does your dog react to another dog approaching his/her food or toys?

Which commands does your dog know? (please check all that apply)

Sit Stay Down Come Heel Rollover Kisses High Five

Other: _____

How did your dog get his/her obedience training? (Please check all that apply)

- Attended one group class
- Attended more than one level of group classes (beginner and intermediate, etc.)
- Dog was sent to a board and train program
- Private sessions in home
- Other, please explain:

Which of the following best describes the use of obedience cues with your dog at home?

- Key part of daily communication
- Used when we go on walks or have people over
- Used occasionally to better control behavior
- Rarely used
- Not applicable

What kind of a collar do you use to walk your dog?

- Buckle
- Nylon/Chain Choke Collar
- Harness - Leash Clips on Back
- Harness - Front Clip
- Head Collar
- Prong/Pinch
- Other:

Is it effective in keeping him/her under control? Yes No

Has your dog ever gotten away from someone when out for a walk? Yes No

If yes, please explain circumstances:

Is your dog crate trained? Yes No

Where does your dog sleep?

- Inside the house
- Outside the house
- Inside/Outside-varies

Has your dog ever jumped up on someone?

- Yes
- No

If yes, what were the circumstances?

Where in the room does your dog sleep?

- Crate
- Owner's bed
- Dog Cushion/Bed on floor
- Other (Please describe)

How does your dog act when you get home at the end of the day?

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

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

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

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

Does your dog know any tricks? Yes No

If yes, please describe.

Dog Behavior Information

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

Has your dog ever growled at someone? Yes No

If yes, what were the circumstances and how did you respond?

Has your dog ever bitten a person? Yes No

If yes, what were the circumstances and how did you respond?

Please describe injuries (if any).

Has your dog ever bitten another animal? Yes No

If yes, what were the circumstances and how did you respond?

Please describe any injuries (if any)

How would you describe the energy level of your dog?

- Low
- Medium
- High

<p>Has your dog ever chased or tried to chase a small animal? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, what were the circumstances?</p>
<p>Has your dog ever killed another animal (bird, rodent, small pets)? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, what were the circumstances?</p>
<p>Is your dog frightened by thunderstorms? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, describe typical behavior & what specifically helps to relax your dog or calm his/her fear.</p>
<p>Is your dog frightened or nervous around anything else? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, please explain.</p>
<p>Does your dog play with any toys? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, what kinds of toys does your dog like?</p>
<p>Has your dog ever growled or snapped at a person who has taken food or toys away from him/her? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, what were the circumstances and how did you respond?</p>
<p>Has your dog ever growled or snapped at another dog who has taken food or toys away from him/her? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, what were the circumstances and how did you respond?</p>
<p>Other comments or information about your dog that you feel might be helpful?</p>

Thank you for the time you spent completing the application form. We look forward to meeting you and your dog on their *FREE DAY OF PLAY or their ½ Day Boarding evaluation. Please let us know if you have any questions.

*Free “Day of Play” applies to LOCAL residents only. Single day, or visiting, temporary guests will be charged ½ day or full day of Day Care depending on length of stay during evaluation.

*Free “Day of Play” for Doggie Day Care is required. If boarding ONLY, and not utilizing the Doggie Day Care, guests may still be required to spend ½ day at our facility (at no cost) so we are able to evaluate handling and kennel behaviors.