



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:	Breed: If a mix, list two predominant breeds:
Dog's Date of Birth - How long have you owned your dog?	Color: 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 _____	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; <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:

On what type of surface does your dog generally go to the bathroom (e.g., grass, mulch, pee pads)?

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

How often do you brush or comb your dog's coat?

How does your dog react to having his/her nails clipped?

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?

How frequently is your dog walked outside?

How long are your walks?

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 you have cats? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, how many cats do you have?		How does your dog get along with your cats? How does he react to unfamiliar cats he sees on walks?	

Does your dog like children? <input type="checkbox"/> Yes <input type="checkbox"/> No	
How does your dog behave around children?	How does your dog get along with other household animals?
Do any visitors bring their dog(s) to your house? <input type="checkbox"/> Yes <input type="checkbox"/> 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? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain:	
Are there any types and/or breeds of dogs your dog seems to automatically fear or dislike? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please describe:	
Is your dog food motivated? <input type="checkbox"/> Yes <input type="checkbox"/> 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? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, which type? <input type="checkbox"/> Male and females <input type="checkbox"/> Only males <input type="checkbox"/> 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? <input type="checkbox"/> Yes <input type="checkbox"/> 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) <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"/> Kisses <input type="checkbox"/> High Five <input type="checkbox"/> Other: _____	
How did your dog get his/her obedience training? (Please check all that apply) <input type="checkbox"/> Attended one group class <input type="checkbox"/> Attended more than one level of group classes (beginner and intermediate, etc.) <input type="checkbox"/> Dog was sent to a board and train program <input type="checkbox"/> Private sessions in home <input type="checkbox"/> Other, please explain:	
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	
What kind of a collar do you use to walk your dog? <input type="checkbox"/> Buckle <input type="checkbox"/> Nylon/Chain Choke Collar <input type="checkbox"/> Harness - Leash Clips on Back <input type="checkbox"/> Harness - Front Clip <input type="checkbox"/> Head Collar <input type="checkbox"/> Prong/Pinch <input type="checkbox"/> Other:	
Is it effective in keeping him/her under control? <input type="checkbox"/> Yes <input type="checkbox"/> 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

In which room in the house does your dog sleep?

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?

Is your dog allowed on the furniture at home? ☐ Yes ☐ No

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)

To the best of your knowledge, what does your dog do when you're not at home?

How would you describe the energy level of your dog?

☐ Low ☐ Medium ☐ High

Has your dog ever chased or tried to chase a small animal? ☐ Yes ☐ No

If yes, what were the circumstances?

Has your dog ever killed another animal (bird, rodent, small pets)? ☐ Yes ☐ No

If yes, what were the circumstances?

Has your dog ever chased someone (or wanted to) on a skateboard or bicycle? ☐ Yes ☐ No

If yes, what were the circumstances?

Is your dog frightened by thunderstorms? ☐ Yes ☐ No

If yes, describe typical behavior & what specifically helps to relax your dog or calm his/her fear.

Is your dog frightened or nervous around anything else? ☐ Yes ☐ No

If yes, please explain.

Does your dog play with any toys? ☐ Yes ☐ No

If yes, what kinds of toys does your dog like?

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

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

Has your dog ever growled or snapped at another dog who has taken food or toys away from him/her?
☐ Yes ☐ No

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

Other comments or information about your dog that you feel might be helpful?

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 $\frac{1}{2}$ Day Boarding evaluation. Please let us know if you have any questions.