

ACADEMY OF CANINE BEHAVIOR

Daycare Dogs

Dog's Name: _____ Breed: _____ File #: _____
Owner's Name: _____ Today's Date: _____ Sex: M F Altered: Y/N Age: _____

ACADEMY/TRAINING HISTORY

Has your dog boarded at the Academy of Canine Behavior before?..... YES NO
Has your dog had an individual evaluation here before? YES NO
Have you taken your dog through any training classes here at the Academy? YES NO
If yes, which ones(s)? _____ When was it completed? _____
Have you taken your dog to classes/training elsewhere? YES NO
If yes, where? _____ When was it completed? _____

BEHAVIORAL INFORMATION

Does your dog have aggression issues towards people? YES NO
How does your dog react to other dogs approaching it when you're on a walk?

Does your dog "resource guard"? YES NO
(i.e.: growls and/or snaps when approached while playing with his favorite toy, eating or drinking)
If yes, please explain: _____
Has your dog ever bitten, nipped or aggressively used their mouth in any way towards a person or child? ... YES NO
If yes, please explain: _____
Does your dog have aggression issues towards dogs?..... YES NO
Has your dog ever been in a fight or been attacked by another dog? YES NO
If yes, please explain: _____
Are there any specific dog breeds your dog automatically fears/dislikes? YES NO
If yes, please explain: _____
Is your dog afraid/nervous of any specific noises, items, etc? YES NO
If yes, please explain: _____
Has your dog ever climbed or jumped over a fence? YES NO
If yes, what were the circumstances and how high was it _____
Has your dog ever attended Doggie Daycare elsewhere? YES NO
If yes, where at? _____
How did you hear about The Academy of Canine Behavior's Doggie Daycare? _____

MY DOG (check all that apply):

Jumps Up: _____ | Stool Eater: _____ | Escapes _____ | Chews _____ | Shy _____
House Soils: _____ | Digs: _____ | Runs Away _____ | Barks _____

MEDICAL INFORMATION

Does your dog have existing medical conditions? YES NO
Has your dog had previous medical conditions? YES NO
If yes, please briefly explain _____
Has your dog been on any medication(s) over the past three months? YES NO
Is your dog on any existing medication(s)? YES NO
If yes, please briefly explain _____
Does your dog have a problem with fleas? YES NO
Does your dog have ANY allergies? YES NO
If yes, to what? _____
Does your dog have any sensitive areas on his/her body? YES NO
If yes, where at? _____

Other comments about your dog which you feel might be helpful? _____

Interviewers: _____ Date: _____ Passed Failed