

# Daycare Assessment Form

Dog's Name: \_\_\_\_\_ Date: \_\_\_\_\_ revised: 8/10/2023

ANY ALLERGIES (food/other)? YES/NO: (circle): \_\_\_\_\_

## Canine Behavior History

1. How old was your dog when they came into your home? \_\_\_\_\_
2. Where did you obtain your dog? \_\_\_\_\_ Breeder \_\_\_\_\_ Rescue/Shelter \_\_\_\_\_ Other: \_\_\_\_\_
3. If Breeder, where? \_\_\_\_\_  
If Rescue, how long in the rescue? \_\_\_\_\_  
Was your dog living in a foster home with other dogs? YES/NO (circle)  
Any idea of prior history? YES/NO (circle) If, yes explain: \_\_\_\_\_  
\_\_\_\_\_
4. Does your dog coexist peacefully in your home with another dog? YES/NO (circle)  
Have they ever had an altercation before? YES/NO (circle)  
**If yes**, Explain situation: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
5. What types of play does your dog enjoy the most? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## 6. Training History (if applicable):

<input type="checkbox"/>	No school, trained yourself	<input type="checkbox"/>	Group Lessons - Advanced
<input type="checkbox"/>	Group Lessons - Puppy	<input type="checkbox"/>	Private trainer at home
<input type="checkbox"/>	Group Lessons – Basic	<input type="checkbox"/>	Private trainer – sent to be trained

## 7. How would you describe your dog's personality? (Check all that applies):

<input type="checkbox"/>	Quiet	<input type="checkbox"/>	Calm	<input type="checkbox"/>	Confident
<input type="checkbox"/>	Excitable	<input type="checkbox"/>	Bold	<input type="checkbox"/>	Unruly
<input type="checkbox"/>	Stubborn	<input type="checkbox"/>	Shy	<input type="checkbox"/>	Fearful
<input type="checkbox"/>	Playful	<input type="checkbox"/>	Outgoing	<input type="checkbox"/>	Affectionate
<input type="checkbox"/>	Protective	<input type="checkbox"/>	Aloof/Independent	<input type="checkbox"/>	

OTHER: (Please describe): \_\_\_\_\_  
\_\_\_\_\_

## Socially Active:

8. What goals or expectations do you have regarding doggie daycare?
9. Has your dog ever played with other dogs? YES/NO (circle) If **Yes**: How often? \_\_\_\_\_  
In what environment?

<input type="checkbox"/>	Neighborhood Dogs	<input type="checkbox"/>	Relatives Dogs	<input type="checkbox"/>	Dog Park	<input type="checkbox"/>	Dog Daycare
--------------------------	-------------------	--------------------------	----------------	--------------------------	----------	--------------------------	-------------

**If yes to Daycare**, Name & City of prior daycare? \_\_\_\_\_  
Why did your dog stop daycare? \_\_\_\_\_  
At what age did your dog start attending daycare? \_\_\_\_\_

10. Has your dog ever shown any negative reactions towards other dog(s)? YES/NO (circle)  
If yes, what were the circumstances? \_\_\_\_\_  
\_\_\_\_\_
11. Has your dog ever shown any negative reactions towards a person/people? YES/NO (circle)  
If yes, what were the circumstances? \_\_\_\_\_  
\_\_\_\_\_

### Other Behaviors:

12. Does your dog have any leash reactivity? (pulling/biting on leash/resisting) YES/NO (circle)
13. Does your dog tend to guard specific items? YES/NO (circle)  
If yes, what does your dog guard? Toys/Food/People/Other: \_\_\_\_\_ (circle)
14. Does your dog allow you/other people to touch their collar? YES/NO (circle)
15. Is your dog easily redirected or do they display reactivity? YES/NO (circle)
16. Is your dog withdrawn at times and just want to be left alone? YES/NO (circle)
17. Any other behaviors we should be aware of?

I completed the Daycare Assessment Form to the best of my knowledge.

\_\_\_\_\_  
Pet Parent(s)

\_\_\_\_\_  
Date

Daycare Assessment Form was reviewed with pet parent on: \_\_\_\_\_

Additional Questions/Comments:

