

Daycare Assessment Form

Dog's Name: _____ Date: _____ revised: 2/8/2022

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?
4. Does your dog coexist peacefully in your home with another dog? YES/NO (circle)
Have they ever fought before? YES/NO (circle)
If yes, over what? (Toy, food, guarding someone) (circle what apply)
Explain: _____
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"/>	Aggressive	<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
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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 aggression towards other dog(s)? YES/NO (circle)
If yes, what were the circumstances?
11. Has your dog ever shown any aggression towards a person/people? YES/NO (circle)
If yes, what were the circumstances?

Other Behaviors:

12. Does your dog have any leash aggression? (pulling/biting on leash/resisting) YES/NO (circle)

13. Resource Guarding? 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. Easily Corrected? YES/NO (circle)

16. Does your dog get grumpy 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:



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