

Waiterock Pet Ranch

Where your pet vacations when you go on vacation!

DAY CARE AND BOARDING APPLICATION

Because you know your dog best, we would like you to give us some information about your pet. Once we review the application, we'll contact you to set up an assessment appointment.

Owner's Name(s):	Today's Date:
------------------	---------------

Dog Information

Please submit one application for each dog

Dog's Name:	Breed: If a mix, list two predominant breeds in behavior
1a. Current age Years: Months:	
1 b. How long have you owned your dog?	
2. Did you adopt your dog? Yes OR No From where? What did they know about the history of the dog?	
3. Why are you considering our off-leash dog play program for your dog? (check all that apply) <input type="checkbox"/> Play with other dogs <input type="checkbox"/> So he/she's is not home alone; check if <input type="checkbox"/> exhibits symptoms of separation anxiety <input type="checkbox"/> Exercise: <input type="checkbox"/> primary source: <input type="checkbox"/> Additional source <input type="checkbox"/> Recommended by other pet professional (trainer, vet, etc.); Reason: Other:	
4. Which of the following best describes your dog's level socialization with other dogs: <input type="checkbox"/> None - No knowledge of other dog interaction <input type="checkbox"/> Minimal - On leash encounters only <input type="checkbox"/> Moderate - Some off-leash playtime on occasion with visitor's/neighbor's/friend's dog(s) <input type="checkbox"/> Extensive - Regular visits to dog social events, off-leash dog parks, dog daycare, etc.	
5. How often has your dog been exposed to an off leash environment with 4 or more dogs?	
6. Has your dog had any problems previously in an off-leash social environment? No Yes (check all that apply) <input type="checkbox"/> Altercation or fight at a public dog park <input type="checkbox"/> Altercation or fight with a neighbor or friend's dog <input type="checkbox"/> Fearful reaction in a group of dogs <input type="checkbox"/> Dismissed from a prior dog daycare or social playgroup program of yes what reason were you given. <input type="checkbox"/> Other (please describe)	

Waiterock Pet Ranch

Where your pet vacations when you go on vacation!

7. How would you describe your dog's Play style? Circle any that apply Plays rough (body slamming) I Vocal barker I cat like play I likes to chase and be chased /
8. How would you describe your dog's activity level? Low medium high
9. Do any visitors bring their dog(s) to your house? No / Yes If yes, how do they get along?
10. How does your dog behave around children?
11. How does your dog react to a stranger coming into your home or yard?
12. Are there any types and/or breeds of dogs your dog seems to automatically fear or dislike? No / yes If yes, please describe:
13. How does your dog react to puppies?
14. How does your dog react to another dog approaching him/her in a park, at the beach, or on a walk? A. On Leash B. Off Leash
15. Has your dog ever shared his/her food or toys or bed with other animals? Food? Yes/ No Toys? Yes/No Bed? Yes/NO
16. Which commands does your dog know? (please circle all that apply) Sit Stay Heel Wait Down Leave it Other
17. 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 — No training Other, please explain:

Waiterock Pet Ranch

Where your pet vacations when you go on vacation!

<p>18. Which of the following best describes the use of obedience cues with your dog at home?</p> <ul style="list-style-type: none">— 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
<p>19. What kind of a collar do you use to walk your dog?</p> <p>Buckle / Nylon / Chain Choke Collar / Harness (clips on back) / Harness (clips on front) Head Collar / Halti / Prong-Pinch /</p> <p>Other:</p>
<p>20. Is it effective in keeping him/her under control? Yes ___ No ___</p>
<p>21. Has your dog ever gotten away from someone when out for a walk? No Yes</p> <p>If yes, please explain circumstances:</p> <p>Does your dog like to chase squirrels, birds, joggers, bicycles while on leash? Yes No</p> <p>Has your dog ever barked, snapped, bitten or lunged at a person while on leash? Yes No</p> <p>Has your dog ever barked, snapped, bitten or lunged at a bike, skateboarder or other moving vehicle while on leash? Yes No</p>
<p>22. What does your dog sleep in/on?</p> <p>___ Crate ___ Owner's bed ___ Dog Cushion/Bed on floor</p> <p>Other (Please describe)</p>
<p>23. Does your dog have any problems in any of the following areas?</p> <p>If yes, please explain.</p> <p>Mouthing:</p> <p>Housetraining:</p> <p>Barking:</p> <p>Digging:</p>
<p>24. Has your dog ever growled at someone? Yes / No</p> <p>If yes what were the circumstances and how did you respond?</p>
<p>25. Has your dog ever bitten a person? No / Yes If yes, what were the circumstances and how did you respond?</p> <p>Please describe injuries:</p>
<p>26. Has your dog ever bitten another animal? Yes / No If yes, what were the circumstances and how did you respond?</p> <p>Please describe any injuries:</p>

Waiterock Pet Ranch

Where your pet vacations when you go on vacation!

27. Has your dog ever climbed/jumped fence? Yes / No If yes, what were the circumstances? How high was the fence?
28. Has your dog ever escaped from your house or yard? No / Yes If yes, please explain the circumstances:
29. How is your dog with larger or smaller dogs?
30. Is your dog frightened or nervous around anything? No / Yes If yes, please explain.
31. Has your dog ever growled or snapped at a person who has taken food or toys away from him/her? No / Yes If yes what were the circumstances and how did you respond?
32. Circle any situation where your dog may become unfriendly? Grabbing collar / hugging / removing from furniture / being touched while sleeping / Touching mouth, ears, teeth, feet If you said circled any of the above, how would your dog respond? may bite / growl / show teeth / tremble I freeze
Health History
33. Please describe your dog's flea/tick control and prevention program:
34. Does your dog have any allergies? Yes / No If yes, please explain:
35. Does your dog have any physical disabilities? No / Yes Please explain disability &cause: What restrictions need to be placed on your dog's activities or movements? No jumping No running No hard play No contact with other dogs Other (Please explain)
36. Does your dog have any medical conditions? No / Yes If yes, please explain: If medication is used to control the condition. Please provide name and dosage.
37. On what type of surface does your dog generally go to the bathroom (e.g., grass, mulch, pee pads)?
38. Any Digestive issues?

Waiterock Pet Ranch

Where your pet vacations when you go on vacation!

39. Does your dog have any Dietary restrictions? No / Yes explain:
40. Does your dog have any sensitive areas on his/her body? No / Yes If yes, where?
41. Other comments or information about your dog that you feel might be helpful?

The undersigned Guardian here by warrants and represents that the information provided on this application form is true and correct that no information has been omitted that may materially changed acceptance of my dog for daycare, boarding or bathing.

Dated: _____

Guardian Signature: _____

Thank you for the time you spent completing the application form. We look forward to meeting you and your dog on evaluation day.

Please contact us if you have any questions on the next steps of the evaluation process.