

# Dog Care Assessment Application

PLEASE COMPLETE THIS FORM AND BRING IT WITH YOU TO THE ASSESSMENT MEETING

**Dog's Name:** \_\_\_\_\_

## Owner Information

**Name(s):**

1. \_\_\_\_\_ 2.(if applicable) \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_

**Owner #1 (Primary contact)**

Business phone: \_\_\_\_\_

Cell phone: \_\_\_\_\_

**Owner #2**

Business phone: \_\_\_\_\_

Cell phone: \_\_\_\_\_

Primary contact email address: \_\_\_\_\_

How did you hear about our business? \_\_\_\_\_

## Emergency Contact Information (only used if we cannot reach you first)

Contact name: \_\_\_\_\_

Daytime number: \_\_\_\_\_ Evening/weekend number: \_\_\_\_\_

Is this person authorized to pick up your dog? Yes  No

Who else is authorized? \_\_\_\_\_



## Social Behavior

Is your dog house trained? Yes  No  Is your dog crate trained? Yes  No

Has your dog attended obedience classes?  No  Yes What level?  Puppy  Beginner  Advanced

Under what circumstances would your dog bark? \_\_\_\_\_  
\_\_\_\_\_

Does your dog stop barking on a "Quiet" command?  Always  Sometimes  Never

What is the command? \_\_\_\_\_

Please check all commands your dog respond to:

Sit  Stay  Down  Come  Off  Drop It  Quiet

How does your dog react when:

Meeting strangers? \_\_\_\_\_

Greeting new dogs? \_\_\_\_\_

Meeting puppies? \_\_\_\_\_

Hearing loud noises? \_\_\_\_\_

Are there certain dogs or things that your dog automatically fears or dislikes? \_\_\_\_\_  
\_\_\_\_\_

Under what circumstances would your dog growl? \_\_\_\_\_  
\_\_\_\_\_

Under what circumstances would your dog jump up? \_\_\_\_\_  
\_\_\_\_\_

Does your dog share toys or food with other dogs?  Always  Sometimes  Never

Has your dog ever bitten another dog or person? Yes  No

If yes, please explain what happened: \_\_\_\_\_  
\_\_\_\_\_

Does your dog like being:

Brushed? Yes  Tolerates it  No  Bathed? Yes  Tolerates it  No

How does your dog react to having his nails trimmed? \_\_\_\_\_

Does your dog visit a groomer regularly?  No  Yes Where? \_\_\_\_\_

Please list any additional behavior traits that you feel are important for us to know:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## Your Dog's Lifestyle

How many adults are in the dog's home?

Males: \_\_\_\_\_ Females: \_\_\_\_\_

How many children are in the home?

Boys: \_\_\_\_\_ Ages: \_\_\_\_\_

Girls: \_\_\_\_\_ Ages: \_\_\_\_\_

Please indicate how many and the type of other animals in your household:

\_\_\_\_\_

How often is your dog exercised/walked? \_\_\_\_\_ time(s) per day for \_\_\_\_\_ minutes each time

Are you currently using a dog walking service? (circle one) Yes/No How often? \_\_\_\_\_

Does your dog visit an off leash park?  Always  Sometimes  Never

Does your dog play with other dogs?  Always  Sometimes  Never

What games do you play with your dog? \_\_\_\_\_

What does your dog do when you are not at home?

Loose at home  Stays in one room  In crate Other: \_\_\_\_\_

Where does your dog typically sleep?  On his/her bed  In his/her crate  On my bed

Other \_\_\_\_\_

Is there anything else you would like us to know about your dog?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature of Owner: \_\_\_\_\_

Date: \_\_\_\_\_

---

---

### OFFICE USE ONLY

---

---

Assessment Date/Time: \_\_\_\_\_ Temperament Test Completed? Y/N

Accepted (circle one)? Yes/No If yes, first day scheduled for: \_\_\_\_\_

Vaccination Verification:  Bordetella  DHPP  Rabies  Flea Program

Notes:

\_\_\_\_\_

Input Date: \_\_\_\_\_ Inputted by: \_\_\_\_\_