



2818 North Main Street  
 Walnut Creek, Ca 94597  
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[www.petlodge.com](http://www.petlodge.com)

### Daycare Application

Thank you for choosing North Main Pet Lodge. It is our number one priority to keep your dog safe in our off leash play group environment, and of course to have lots of fun with friends and come home tired. 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:
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#### 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:	
1b. How long have you owned your dog?	
2. Did you adopt your dog?    Yes    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? <input type="checkbox"/> No <input type="checkbox"/> 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) _____	
7. How would you describe your dog's Play style ?    Circle any that apply  Plays rough (body slamming) /    Vocal barker /    cat like play /    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 / <input type="checkbox"/> 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    Heal    Wait    Down    Leave it  Other: _____
17. How did your dog get his/her obedience training? (Please check all that apply)  <input type="checkbox"/> Attended one group class <input type="checkbox"/> Attended more than one level of group classes (beginner and intermediate, etc.) <input type="checkbox"/> Dog was sent to a board and train program <input type="checkbox"/> Private sessions in home <input type="checkbox"/> No training Other, please explain:
18. Which of the following best describes the use of obedience cues with your dog at home?  <input type="checkbox"/> Key part of daily communication <input type="checkbox"/> Used when we go on walks or have people over <input type="checkbox"/> Used occasionally to better control behavior <input type="checkbox"/> Rarely used <input type="checkbox"/> Not applicable
19. What kind of a collar do you use to walk your dog?  Buckle / Nylon / Chain Choke Collar / Harness (clips on back) / Harness (clips on fount) Head Collar / Halti / Prong-Pinch /  Other : _____
20. Is it effective in keeping him/her under control?    ___ Yes    ___ No

<p>21. Has your dog ever gotten away from someone when out for a walk? ___ No ___ Yes          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?          ___ Crate ___ Owner's bed ___ Dog Cushion/Bed on floor          Other (Please describe)</p>
<p>23. Does your dog have any problems in any of the following areas? If yes, please explain.          Mouthing: _____          Housetraining: _____          Barking: _____          Digging: _____</p>
<p>24. Has your dog ever growled at someone? Yes / No 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?          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?          Please describe any injuries.</p>
<p>27. Has your dog ever climbed/jumped a fence? Yes / No If yes, what were the circumstances?          How high was the fence?</p>
<p>28. Has your dog ever escaped from your house or yard? No / Yes If yes, please explain the circumstances:</p>
<p>29. Has your dog ever chased or tried to chase a small animal? Yes / No If yes, what were the circumstances?</p>
<p>35. Is your dog frightened or nervous around anything? No / Yes If yes, please explain.</p>
<p>36. 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?</p>
<p>37. 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 / freeze</p>
<p>38. Have you ever noticed your dog stopping and staring at another animal? No / Yes If yes, what were the circumstances?</p>

**Health History**

39. Please describe your dog's flea/tick control and prevention program:
40. Does your dog have any allergies?      Yes      No      If yes, please explain:
41. 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)
42. 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.
43. On what type of surface does your dog generally go to the bathroom (e.g., grass, mulch, pee pads)?
44. Does your dog generally have firm stool?      Any other digestive concerns we should know?
45. Does your dog have any Dietary restrictions?      No / Yes      explain:
46. Does your dog have any sensitive areas on his/her body? ___No      ___Yes If yes, where?
47. 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 and that no information has been omitted that may materially change North Main Pet Loge 's 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.