



IT TAKES A VILLAGE TO RAISE A PET

Metro Dog Day Care and Boarding Program Application

Thank you for your interest in our programs for your dog. No one knows your dog better than you, which is why we appreciate you taking the time to fill out this application. The more we know about the dogs in our care, the better our playgroups will be. This application must be submitted to Metro Dog at least 24 hours prior to the scheduled assessment appointment.

I understand by requesting that my dog be evaluated for admission to any of Metro Dog's programs, I am agreeing to all terms in the service contract, especially those regarding risk and liability for the period of time my dog is on Metro Dog's premises and during the evaluation by Metro Dog staff. I understand that a signed service contract is required before my dog can receive services at Metro Dog. I certify that all the information regarding my dog in this application is true.

Owner's Name(s):		Today's Date:
Signature		
Phone Number	Email	

Dog Information

Please submit one application for each dog who you would like to have in off-leash play

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?		
1c. Is your dog Spayed or Neutered?	1d. At what age?	
2a. Where did you get your dog? <input type="checkbox"/> Newspaper Ad <input type="checkbox"/> Breeder <input type="checkbox"/> Pet Store <input type="checkbox"/> Animal Shelter <input type="checkbox"/> Animal Rescue Group <input type="checkbox"/> Friend <input type="checkbox"/> Found As Stray <input type="checkbox"/> Other	2b. What knowledge do you have of your dog's past history?	
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 not home alone; check if <input type="checkbox"/> exhibits symptoms of separation anxiety <input type="checkbox"/> Exercise: <input type="checkbox"/> Primary source or <input type="checkbox"/> Additional source of exercise <input type="checkbox"/> Recommended by other pet professional (trainer, vet, etc.); Reason: _____ <input type="checkbox"/> Other: _____		

4. Which of the following best describes your dog's level socialization with other dogs:
- None – No knowledge of other dog interaction
 - Minimal – On leash encounters only
 - Moderate – Some off-leash playtime on occasion with visitor's/neighbor's/friend's dog(s)
 - Extensive – Regular visits to dog social events, off-leash dog parks, dog daycare, etc.

4a. Has your dog been around other dogs without you? (check all that apply)

- Yes, my dog goes on regular off leash hikes with a dog walker
- Yes, my dog has attended social daycare or boarding
- Yes, my dog goes to trails or dog parks with friends of the family
- Yes, my dog goes for leashed walks with a dog walker
- Yes, my dog goes for leashed walks with friends of the family
- No, my dog has never been around other dogs without me.

5a. Has your dog had any problems previously in an off-leash social environment?

- No
- Yes, (check all that apply)
 - Altercation or fight at a public dog park
 - Altercation or fight with a neighbor or friend's dog
 - Fearful reaction in a group of dogs
 - Dismissed from a prior dog daycare or social playgroup program (complete item 5b)
 - Other (please describe) _

5b. *Only complete if you answered yes in 5a that your dog was dismissed from a prior program.*
What reason were you given as to why your dog was dismissed?

Check each statement below that applies to the situation that resulted in your dog's dismissal.

- My dog was injured, no medical treatment required
- My dog was injured and required medical treatment
- Another dog was injured, no medical treatment required
- Another dog was injured and required medical treatment
- A person was injured, no medical treatment required
- A person injured and required medical treatment

Provide any other comments you want us to know about this situation.

6. Please describe your dog's flea/tick control and prevention program:

7. Does your dog have any allergies? Yes No If yes, please explain:

8. Does your dog have any physical disabilities? Yes

No Please explain disability & cause:

If answered yes, 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)

9. Does your dog have any medical conditions? Yes No If yes, please explain:
If medication is used to control the condition, please provide name and dosage.

10. Provide details of your dog's diet –
 a. *type* (kibble, canned, raw/natural):
 b. *brand* (Innova, Iams, Purina, etc.):
 c. *primary protein source*:
 d. *feeding schedule*:
 e. *Amount fed per meal* (use standard measure: 1 Cup, ½ cup, tsp, Tbsp, etc.)

11. On what type of surface does your dog generally go to the bathroom (e.g., grass, mulch, pee pads)?

12. Does your dog have any bathroom-related issues or concerns?

13 a. How often do you brush or comb your dog's coat?	13b. How does your dog react to having his/her nails clipped?
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13c. Does your dog like to be brushed? Yes No If no, what have you tried to make it more enjoyable?

14. Does your dog have any sensitive areas on his/her body? Yes No If yes, where?

15. Where are your dog's favorite petting spots?

16a. How frequently is your dog walked outside?	16b. How long are your walks?
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17. Check the box below that best represents your dog's overall level of exercise routine:

- Couch Potato: Spends days sleeping, occasional walks and/or playtime with humans or other dogs.
- Mild Exerciser: Short daily walks and/or regular playtime with human or other dogs.
- Moderate Exerciser: Long or multiple walks daily and/or regular playtime with human or dogs.
- Athlete: Regular jogs/runs and/or regular participation in a dog sport activity such as agility, flyball,

18. Information about other dogs in household:

Name	Age/ Gender	Breed(S)	Spayed or Neutered

<p>26. Does your dog play with other dogs? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, which type? Male and females <input type="checkbox"/> Only males <input type="checkbox"/> Only females Please describe size, breed, & temperament of the other dogs.</p>
<p>27. What kinds of games does your dog play with other dogs? (chase, wrestle, tug...)</p>
<p>28. What kinds of games does your dog play with people?</p>
<p>29. Has your dog ever shared his/her food or toys with other animals? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, how does your dog react to another dog approaching his/her food or toys?</p>
<p>30. Which commands does your dog know? (please check all that apply) <input type="checkbox"/> Sit <input type="checkbox"/> Stay <input type="checkbox"/> Down <input type="checkbox"/> Come <input type="checkbox"/> Heel <input type="checkbox"/> Rollover <input type="checkbox"/> Kisses <input type="checkbox"/> High Five <input type="checkbox"/> Other: _____</p>
<p>31. 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"/> Other, please explain:</p>
<p>32. 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</p>
<p>33. What kind of a collar do you use to walk your dog? <input type="checkbox"/> Buckle/flat <input type="checkbox"/> Nylon/Chain Choke Collar <input type="checkbox"/> Harness – Leash Clips on Back <input type="checkbox"/> Harness – Front Clip <input type="checkbox"/> Head Collar <input type="checkbox"/> Martingale <input type="checkbox"/> Prong/Pinch <input type="checkbox"/> Other:</p>
<p>34. Is it effective in keeping him/her under control? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>35. Has your dog ever gotten away from someone when out for a walk? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain circumstances:</p>
<p>36a. Where does your dog sleep? Inside the house <input type="checkbox"/> Outside the house <input type="checkbox"/> Inside/Outside-varies <input type="checkbox"/> Confined to a room or area Crate <input type="checkbox"/> Owner's bed <input type="checkbox"/> Dog Cushion/Bed on floor <input type="checkbox"/> Child's room <input type="checkbox"/> free to choose</p>
<p>36b. Where does your dog stay when you are not at home? 36c. Does he/she have problems being left alone?</p>

37. Has your dog ever jumped up on someone? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, what were the circumstances?
38. How does your dog act when you get home at the end of the day?
39. What does your dog do to show he/she is happy?
40. What does your dog do to show he/she is upset?
41. Is your dog allowed on the furniture at home? <input type="checkbox"/> Yes <input type="checkbox"/> No
42. Does your dog have any problems in any of the following areas? If yes, please explain. <input type="checkbox"/> Mouthing _____ <input type="checkbox"/> Housetraining: _____ <input type="checkbox"/> Barking: _____ <input type="checkbox"/> Digging: _____ <input type="checkbox"/> Ignoring commands: _____
43. Does your dog know any tricks? If yes, please describe. <input type="checkbox"/> Yes <input type="checkbox"/> No
44. Are there any particular types of people your dog seems to automatically fear or dislike?
45. Has your dog ever growled at someone? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, what were the circumstances and how did you respond?
46. Has your dog ever bitten a person? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, what were the circumstances and how did you respond? Please describe injuries (if any).
47. Has your dog ever bitten another animal? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, what were the circumstances and how did you respond? Please describe any injuries if there were any.
48. To the best of your knowledge, what does your dog do when you're not at home?
49. Has your dog ever climbed/jumped a fence? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, what were the circumstances? How high was the fence?

<p>50. Has your dog ever escaped from your house or yard? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain the circumstances:</p>
<p>51. How would you describe the energy level of your dog? <input type="checkbox"/> Low <input type="checkbox"/> Medium <input type="checkbox"/> High</p>
<p>52. Has your dog ever chased or tried to chase a small animal? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, what were the circumstances?</p>
<p>53. Has your dog ever chased someone (or tried to) on a skateboard or bicycle? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, what were the circumstances?</p>
<p>54. Is your dog frightened by thunderstorms? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, describe typical behavior & what specifically helps to relax your dog or calm his/her fear.</p>
<p>55. Is your dog frightened or nervous around anything else? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain.</p>
<p>56. Does your dog play with any toys? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, what kinds of toys does your dog like?</p>
<p>57. Has your dog ever growled or snapped at a person who has taken food or toys away from him/her? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, what were the circumstances and how did you respond?</p>
<p>58. Has your dog ever growled or snapped at another dog who has taken food or toys away from him/her? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, what were the circumstances and how did you respond?</p>
<p>59. Have you ever noticed your dog stopping and staring at another animal? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, what were the circumstances?</p>
<p>60. Other comments or information about your dog that you feel might be helpful? (Please continue on the back of this page if you need more space.)</p>

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 about the next steps in the evaluation process.