

## **Personal Preview Assessment**

**Parent:** \_\_\_\_\_ **Dog** \_\_\_\_\_ **Date** \_\_\_\_\_

How did you learn of Diggity Dog Daycare? \_\_\_\_\_

What is the main reason you'd like to bring your dog to Diggity Dog Daycare?

\_\_\_\_\_

### **History**

How long have you owned your dog? \_\_\_\_\_

Where did you get your dog? Breeder \_\_\_\_\_ Humane Society/Rescue \_\_\_\_\_ Pet Store \_\_\_\_\_

Other \_\_\_\_\_

If adopted, do you have knowledge of your dog's past? \_\_\_\_\_

\_\_\_\_\_

Has there been a history of known abuse with this dog? Yes \_\_\_ No \_\_\_

If so, what form? \_\_\_\_\_

Do you own other pets? Yes \_\_\_ No \_\_\_

If so how many? \_\_\_\_\_ What kind \_\_\_\_\_

### **Behavior**

Has your dog had experience with other dogs in an interactive social setting outside of the home? Yes \_\_\_ No \_\_\_ If Yes, Explain Circumstances:

\_\_\_\_\_

What commands does your dog respond to from others than yourself?

It's Name \_\_\_ No \_\_\_ Come \_\_\_ Stop \_\_\_ Sit \_\_\_ Stay \_\_\_ Down \_\_\_ Give \_\_\_

Other commands and words it responds to?

What fun activities does your dog enjoy (play or physical attention)?

\_\_\_\_\_

What specific personality traits does your dog have we should be aware of?

\_\_\_\_\_

What fears does your dog have of people, noises, items or situations?

\_\_\_\_\_

What fears does your dog have of other dogs?

\_\_\_\_\_

How does your dog react to puppies?

\_\_\_\_\_

Does your dog enjoy being brushed? Yes \_\_\_ No \_\_\_

Does your dog enjoy baths & water? Yes \_\_\_ No \_\_\_

Does your dog enjoy personal attention, affection and cuddling? Yes \_\_\_ No \_\_\_

Any Specifics? \_\_\_\_\_

What are your dog's favorite areas of attention and petting?

\_\_\_\_\_

\_\_\_\_\_

Has your Dog EVER:

Growled at a human Yes\_\_\_ No\_\_\_ Growled at another dog Yes\_\_\_ No\_\_\_

Growled at a child Yes\_\_\_ No\_\_\_

Bitten a human or child Yes\_\_\_ No\_\_\_ Bitten another Dog Yes\_\_\_ No\_\_\_

What were the circumstances of any Yes answers?

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Does your dog have any issues/problems or tendencies with the following?(if so, explain)

Mouthiness\_\_\_\_\_ Barking\_\_\_\_\_

Snapping\_\_\_\_\_ Jumping\_\_\_\_\_

Housetraining\_\_\_\_\_ Digging\_\_\_\_\_

Climbing\_\_\_\_\_ Humping\_\_\_\_\_

Other\_\_\_\_\_

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Does your dog share toys with other dogs?

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Does your dog share food with other dogs?

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Has your dog have any issues with a human who has tried to take their toys or food?

Yes\_\_\_ No\_\_\_ If so, what were/are the circumstances?

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Has your dog have any issues with another dog who has tried to take their toys or food?

Yes\_\_\_ No\_\_\_ If so, what were/are the circumstances?

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### **Health/Medical**

Has your dog been diagnosed with bordatella (kennel cough) within the past 12 months?

Yes\_\_\_ No\_\_\_

Has your dog had fleas within the past 12 months? Yes\_\_\_ No\_\_\_

Is your dog taking a flea/tick medication? Yes\_\_\_ No\_\_\_

Explain \_\_\_\_\_

Does your dog have allergies? Yes\_\_\_ No\_\_\_

If yes, what is it allergic to? \_\_\_\_\_

What are the symptoms? \_\_\_\_\_

How are the allergies being treated?

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Does your dog suffer from hip dysplasia? Yes\_\_\_ No\_\_\_

If so, what restrictions need to be placed on your dog's activities, movement and Care?

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Does your dog require the administration of medications? Yes\_\_\_ No\_\_\_

These medications may be administered by being wrapped inside which of these treats?

cheese\_\_\_ hot dog\_\_\_ bread\_\_\_ soft dog treat\_\_\_ Other\_\_\_\_\_

Is your dog currently on a heartworm preventative? Yes\_\_\_ No\_\_\_

Does your dog have any other medical conditions that we should be aware of?

Yes\_\_\_ No\_\_\_ If Yes, explain

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# ***Diggity Dog Daycare LLC*** ***Client Registration***

Please Print Clearly

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

Owners Name: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

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

Work Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_

Occupation: \_\_\_\_\_

List the names of any individuals aside from yourself that are authorized to pick up your dog.

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

## **Emergency Contacts: (outside of immediate home)**

Contact #1 Name: \_\_\_\_\_ City: \_\_\_\_\_

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

Contact #2 Name: \_\_\_\_\_ City: \_\_\_\_\_

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

## **Veterinarian Contacts:**

Veterinarian Clinic Name: \_\_\_\_\_

Veterinarian Name: \_\_\_\_\_

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

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

## **Promotional Notification:**

Would you appreciate email contact notification of *Diggity Dog Daycare* specials, promotions, events or charitable fundraiser functions? YES \_\_\_\_\_ NO \_\_\_\_\_ (Initial \_\_\_\_\_)

# ***Diggity Dog Daycare LLC***

## ***Guest Registration***

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

K9 Kid #1 (Dog Name) \_\_\_\_\_ Sex: \_\_\_\_\_

Breed or Mix: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Weight: \_\_\_\_\_ Color: \_\_\_\_\_

Spayed \_\_\_\_\_ Neutered \_\_\_\_\_ Not Yet \_\_\_\_\_

Medical Conditions: \_\_\_\_\_

Distinctive Features: \_\_\_\_\_

May we give standard dog treats? YES \_\_\_\_\_ NO \_\_\_\_\_ (Initial \_\_\_\_\_)

K9 Kid #2 (Dog Name) \_\_\_\_\_ Sex: \_\_\_\_\_

Breed or Mix: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Weight: \_\_\_\_\_ Color: \_\_\_\_\_

Spayed \_\_\_\_\_ Neutered \_\_\_\_\_ Not Yet \_\_\_\_\_

Medical Conditions: \_\_\_\_\_

Distinctive Features: \_\_\_\_\_

May we give standard dog treats? YES \_\_\_\_\_ NO \_\_\_\_\_ (Initial \_\_\_\_\_)

K9 Kid #3 (Dog Name) \_\_\_\_\_ Sex: \_\_\_\_\_

Breed or Mix: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Weight: \_\_\_\_\_ Color: \_\_\_\_\_

Spayed \_\_\_\_\_ Neutered \_\_\_\_\_ Not Yet \_\_\_\_\_

Medical Conditions: \_\_\_\_\_

Distinctive Features: \_\_\_\_\_

May we give standard dog treats? YES \_\_\_\_\_ NO \_\_\_\_\_ (Initial \_\_\_\_\_)