

Playcare Registration

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

Dog Information

Please submit one application for each dog who you would like to have in Playcare.

Dog's Name:	Dog's Breed:
1a. Current age of your dog?	
1b. How long have you owned your dog?	
2. Where did you get your dog? (animal shelter, breeder, rescue, etc.)	3. What knowledge do you have of your dog's past history?
4. Why are you considering Pawsh Playcare? <input type="checkbox"/> Play with other dogs <input type="checkbox"/> So not home alone <input type="checkbox"/> Recommended by other pet professional (trainer, vet, etc.)	
5. Which of the following best describes your dog's level of 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 off-leash areas or facilities	
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 local 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 (complete item 6b.)	

6b. *Only complete if you answered yes in 6 that your dog was dismissed from a prior program.*

What reason were you given as to why your dog was dismissed?

Check all that apply

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

Provide any other comments you want us to know about the situation:

7. Please list which product or method you use for your dog's flea and tick control:

8. Does your dog have any allergies? If yes, please explain:

9. Does your dog have any physical disabilities? If yes, please describe:

10. What restrictions need to be placed on your dog's activities or movements?

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

12. Does your dog have any sensitive areas on his/her body? If yes, please explain:

Household Information

13. Complete table with information on other pets in household:

Breed	Age	Sex	Spayed/Neutered
1.			
2.			
3.			
4.			
14. Are there any types and/or breeds your dog seems to automatically fear/dislike? If yes, please explain:			
15. How does your dog react to puppies?			
16. How does your dog react to another dog approaching them at a park, at the beach, on walk, etc.? a. On Leash: b. Off Leash:			
17. What kind of games does your dog play with other dogs?			
18. What kinds of games does your dog play with people?			

19. Has your dog ever shared his/her food or toys with other animals? If yes, how did your dog react?

20. Has your dog ever gotten away from someone when out on a walk? If yes, please explain the circumstances:

21. What does your dog do to show he/she is happy?

22. What does your dog do to show he/she is upset?

Dog Behavior Information

23. Are there any particular people your dog seems to fear or dislike? (Men, women, new people, etc.)

24. Has your dog ever growled at someone? If yes, what were the circumstances and how did you respond?

25. Has your dog ever bitten someone? If yes, what were the circumstances and how did you respond? Please describe injuries (if any):

26. Has your dog ever bitten another animal? If yes, what were the circumstances and how did you respond? Please describe injuries (if any):

27. Has your dog ever jumped/climbed a fence? If yes, what were the circumstances? How high was the fence?

28. How would you describe the energy (low, medium, high) of your dog?

29. Has your dog ever chased or tried to chase a small animal? If yes, what were the circumstances?
30. Has your dog ever chased someone (or wanted to) on a skateboard or bicycle? If yes, what were the circumstances?
31. Is your dog frightened or nervous around anything else? If yes, please explain:
32. Does your dog play with any toys? If yes, what kind of toys does your dogs like?
33. Has your dog ever growled or snapped at someone who has taken food or toys away from them? If yes, what were the circumstances and how did you respond?
34. Has your dog ever growled or snapped at another dog who has taken food or toys away from them? If yes, what were the circumstances and how did you respond?
35. Have you ever noticed your dog stopping and staring at another animal? If yes, what were the circumstances?

Thank you for the time you spent completing this application form. We look forward to meeting you and your dog during their session of Playcare. Please contact us if you have any questions.

Pawsh Place Veterinary Center

(707) 451-0571