

Dawgs in Motion
Daycamp Group Play Application

Owner's First and Last Name: _____ Date: _____

Contact Number: _____ Contact E-Mail: _____

DOG'S PHYSICAL INFORMATION

Dog's Name: _____ Dog's Breed: _____

Color and special markings: _____

Dog's D.O.B. _____ Dog's Gender (please circle one): Male Female Neutered Male Spayed Female

For intact dogs are you planning on having them fixed? No Yes If yes, when? _____

Does your dog have any health concerns we need to be aware of such as blindness, hearing loss, seizure disorder, hip dysplasia, etc.? Please list: _____

DOG'S HISTORY WITH OTHER ANIMALS

Has your dog ever been to a daycare in the past? No Yes If yes where? _____

If yes, how long did your dog attend daycare? _____

If yes, was your dog removed from group play? (Dog Park, Family dogs, etc.) No Yes

If yes please explain why: _____

Has your dog ever interacted with other dogs? No Yes

If yes, please explain: _____

How would you describe your dog's behavior with other dogs? (Check all that apply) Not Applicable

Calm Quiet Relaxed Social Playful Vocal Rough Rowdy
The Leader The follower The explorer Other: _____

Has your dog ever displayed any of the following behaviors towards other dogs?

Mounting Excessive Barking Muzzle Punching (poking or jabbing with their nose)
Herding behaviors such as nipping or nibbling Genital licking Collar Pulling Neck or Ear Biting

Has your dog ever been in an altercation with another dog? No Yes

If yes, please explain: _____

Has your dog ever bitten, injured, or killed another animal? No Yes

If yes, please explain: _____

Does your dog live with other pets? No Yes - Please List: _____

DOG'S HISTORY WITH HUMANS

How did you acquire your dog? Breeder Craigslist/Ad Rescue/Shelter Family Other: _____

What age was your dog when you acquired them? _____

Has your dog had a temperament evaluation in the past? No Yes

If yes would it be possible for you to provide a copy of the evaluation? No Yes Attached N/A

Has your dog ever attended formal training? No Yes - When? _____

If yes, please check all that apply: Private Lessons In-Home Lessons Group Classes (check all that apply):

Beginner Obedience Intermediate Obedience Advanced Obedience Agility Tricks

Other: _____

Has your dog achieved any of the following titles? S.T.A.R Puppy CGC Urban CGC Advanced CGC N/A

My dog has been introduced to (check all that apply): Men Women Children Strangers

Has your dog ever been fearful or shy around any people? No Yes

If yes, please explain: _____

Has your dog ever done one of the following to a person? (Check all that apply) Not Applicable

Growled Shown Teeth Snapped Bitten Barked Aggressively Lunged

If you selected any of the behaviors above please explain in detail what happened:

OTHER INFORMATION:

What is your reason for choosing daycare for your dog? _____

Have you ever had to muzzle your dog before? No Yes- _____

Is your dog crate/kennel trained? No Yes

Has your dog ever been protective of food, toys, or other items? No Yes

Other notes that you wish to include: _____

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By signing below I acknowledge that all of the information that I have provided is true to the best of my knowledge. I also understand that submission of my application does not guarantee that my dog will be accepted into the group daycare program. Dawgs in Motion Management will review my application and, if accepted, will contact me to schedule my dog's three day evaluation process. I understand that I must have submitted proof of my dog's distemper and bordatella vaccinations, and their rabies vaccination (if over 15 weeks of age) at least 24 hours prior to my first day of evaluation and that without these vaccinations my dog will not be able to participate. I also understand that my dog may come in to the facility on a training tool such as a harness, pinch collar, head halter, etc. but my dog must also have a quick release flat buckle collar and non-retractable leash and if I do not have these I will be charged a rental fee.

Owner Signature: _____ Date: _____

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For office use only:

Reviewed By: _____ Date: _____

If Approved - Scheduled Evaluation Date: _____

APPROVED DENIED