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| **Off-Leash Play Application**  |
| We love dogs and want your dog to love coming to our off-leash playgroup. No one knows your dog better than you, so we’d 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. |
| Owner’s Name(s): | Today’s Date: |

**Dog Information**

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

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| Dog’s Name: | Breed:If a mix, list two predominant breeds in behavior: |
| 1a. Current age1b. How long have you owned your dog?  | Years:  | Months: |
| 2. Where did you get your dog? Newspaper Ad Breeder Pet Store Animal Shelter Animal Rescue Group Friend Found As Stray Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  | 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) Play with other dogs So not home alone; check if exhibits symptoms of separation anxiety Exercise: Primary source or Additional source of exercise 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:  □ 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. |
| 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 treatmentProvide any other comments you want us to know about this situation. |

**Health History**

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| 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*: |
| 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? |
| 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? |
| 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, frisbee, etc. |

**Household Information**

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

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| **Breed** | **Age** | **Sex** | **Spayed or Neutered** |
| 1. |  |  □ Male □ Female  |  □ Yes □ No  |
| 2. |  |  □ Male □ Female  |  □ Yes □ No  |
| 3. |  |  □ Male □ Female  |  □ Yes □ No  |
| 4. |  |  □ Male □ Female  |  □ Yes □ No  |
| Do you have cats? □ Yes □ No  If yes, how many cats do you have? | How does your dog get along with your cats?How does he react to unfamiliar cats he sees on walks? |

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| 19a. Does your dog like children? Yes No |
| 19b. How does your dog behave around children? | 19c.How does your dog get along with other household animals? |
| 20. Do any visitors bring their dog(s) to your house? Yes No If yes, how do they get along? |
| 21. How does your dog react to a stranger coming into your home or yard? |
| 22. Does your dog ever bark or growl at anyone passing outside your home or yard? Yes No If yes, please explain: |
| 23. Are there any types and/or breeds of dogs your dog seems to automatically fear or dislike?  Yes No, If yes, please describe: |
| 24. How does your dog react to puppies? |
| 25. 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: |
| 26. Does your dog play with other dogs? Yes No If yes, which type?  Male and females  Only males  Only females Please describe size, breed, & temperament of the other dogs. |
| 27. What kinds of games does your dog play with other dogs?  |
| 28. What kinds of games does your dog play with people? |
| 29. Has your dog ever shared his/her food or toys with other animals? Yes No If yes, how does your dog react to another dog approaching his/her food or toys? |
| 30. Which commands does your dog know? (please check all that apply) Sit Stay Down Come Heel Rollover Kisses High Five Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| 31. How did your dog get his/her obedience training? (Please check all that apply) Attended one group class Attended more than one level of group classes (beginner and intermediate,etc.) Dog was sent to a board and train program Private sessions in home Other, please explain:  |
| 32. Which of the following best describes the use of obedience cues with your dog at home? Key part of daily communication Used when we go on walks or have people over Used occasionally to better control behavior Rarely used Not applicable |
| 33. What kind of a collar do you use to walk your dog? Buckle Nylon/Chain Choke Collar Harness – Leash Clips on Back Harness – Front Clip Head Collar  Prong/Pinch Other: |
| 34. Is it effective in keeping him/her under control? Yes No |
| 35. Has your dog ever gotten away from someone when out for a walk? Yes No If yes, please explain circumstances: |
| 36a. Where does your dog sleep? □ Inside the house □ Outside the house □ Inside/Outside-varies |
| 36b. In which room in the house does your dog sleep? | 36c.Where in the room does your dog sleep? Crate Owner’s bed Dog Cushion/Bed on floor Other *(Please describe)* |
| 37. Has your dog ever jumped up on someone? Yes 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? Yes No |
| 42. Does your dog have any problems in any of the following areas? If yes, please explain. Mouthing \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Housetraining: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Barking: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Digging: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Ignoring commands: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| 43. Does your dog know any tricks? If yes, please describe. Yes No |

**Dog Behavior Information**

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| 44. Are there any particular types of people your dog seems to automatically fear or dislike? |
| 45. Has your dog ever growled at someone? Yes No If yes, what were the circumstances and how did you respond? |
| 46. Has your dog ever bitten a person? Yes 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? Yes 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? Yes No If yes, what were the circumstances? How high was the fence? |
| 50. Has your dog ever escaped from your house or yard? Yes No If yes, please explain the circumstances: |
| 51. How would you describe the energy level of your dog?  Low Medium High |
| 52. Has your dog ever chased or tried to chase a small animal? Yes No If yes, what were the circumstances? |
| 53. Has your dog ever chased someone (or wanted to) on a skateboard or bicycle? Yes No If yes, what were the circumstances? |
| 54. Is your dog frightened by thunderstorms? Yes No If yes, describe typical behavior & what specifically helps to relax your dog or calm his/her fear.  |
| 55. Is your dog frightened or nervous around anything else? Yes No If yes, please explain. |
| 56. Does your dog play with any toys? Yes No If yes, what kinds of toys does your dog like? |
| 57. Has your dog ever growled or snapped at a person who has taken food or toys away from him/her? Yes No If yes, what were the circumstances and how did you respond?  |
| 58. Has your dog ever growled or snapped at another dog who has taken food or toys away from him/her? Yes No If yes, what were the circumstances and how did you respond?  |
| 59. Have you ever noticed your dog stopping and staring at another animal? Yes No If yes, what were the circumstances? |
| 60. Other comments or information about your dog that you feel might be helpful? |

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.