

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



# Temperament Test

Dog's Name: \_\_\_\_\_ Owner Name: \_\_\_\_\_  
 Breed: \_\_\_\_\_ Owner Daytime ph: \_\_\_\_\_  
 Birthday: \_\_\_\_\_ Age: \_\_\_\_\_  
 Male Female Spayed Neutered At what age? \_\_\_\_\_

- I am interested in weekly daycare for my dog (standing reservation on the same day each week).
- I am interested in social group play during overnight visits for my dog.

When did you acquire your dog? \_\_\_\_\_

Where did you obtain your dog? (breeder, shelter, found, etc.) \_\_\_\_\_

Are there any other pets in the household?  Yes  No

If so, please list

	Breed	Age	M/F	Spayed/Neutered
1.	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
2.	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
3.	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
4.	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No

Please check all that apply to your dog.

- Allowed to run free in the home: Supervised / Unsupervised
- Allowed to run free in a fenced yard: Supervised / Unsupervised
- Jumped over fence in yard: \_\_\_\_\_ Fence height: \_\_\_\_\_
- Leash walked only
- Outside and unleashed but supervised

What is your dog's training history? (please check all that apply)

- No training
- Trained yourself
- Puppy kindergarten
- Other please explain: \_\_\_\_\_
- Group class - basic
- Group class - advanced
- Private training sessions
- Obedience titles/awards
- Agility

Does your dog have problems with any of the following:

- Barking       Digging       Jumping       Mouthing

If so, please explain:

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Has your dog been on agility equipment?       Yes    No

Is your dog possessive of toys, food or objects?       Yes    No

If yes, please explain

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Has your dog ever shared his food/toys with other animals?       Yes    No

Has your dog ever growled or snapped at anyone taking food or toys away?       Yes    No

If yes, please explain

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How does your dog react when strangers approach the home, yard or out in public?

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Is your dog afraid of other dogs?       Yes    No

If yes, please explain

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Does your dog play off leash with other dogs?       Yes    No

Briefly describe:

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Does your dog prefer to play with       male dogs       female dogs

How does your dog react to puppies?

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Has your dog ever growled at someone?       Yes    No

If yes, please explain:

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Has your dog ever bitten someone?  Yes  No

If yes, please explain:

Does your dog have problems in any of the following areas?

Sensitive body parts:

- paws       tail       hindquarters

Grooming:

- being brushed       nails being clipped

Are there any physical disabilities which may affect your dog while in daycare?  Yes  No

If yes, please explain

Are there other issues that you wish to address, or feel you should inform us of, and how much of a problem do you consider the behavior to be?

	Issue	Very Serious	Serious	Not Serious
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____

Is your dog frightened by thunderstorms, loud noises, objects, or other situations?

If so, please explain:

How much exercise is your dog presently getting?

- Daily walk       Walk 1-3 times per week       Weekly off leash romp  
 Daily off leash romp       Couch potato       Other: \_\_\_\_\_

Has your dog ever attended another daycare?  Yes  No

If so, please list the names of the facilities.

What is the main reason you have chosen dog daycare for your pet?

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Pass       Fail      Recommendations:

Retry at a later date

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\_\_\_\_\_