



DAYCARE PRE-ENTRY FORM

Evaluation Date _____ / _____ / _____

First Name _____ Last Name _____

Dog Name _____

Male Female

Spayed/Neutered: Yes No

Age _____

PERSONALITY PROFILE		Explanation/Comments
Where did your dog come from (e.g., breeder, rescue group, pet store)?		
How long has your dog been with you?		
Has your dog attended daycare before? If so, any problems? If yes, · Where? · What activities did your dog participate in? · Were there any problems?	Yes No	
Does your dog play with dogs in other settings (dog park, neighbor's dog, etc.)?	Yes No	
How would you describe your dog's style of play (chasing, neck biting, cat-like, body slamming)?		
Does your dog have any injuries or health concerns? If so, what are they?	Yes No	
Is your dog on any medications? If so, what are they?	Yes No	
Does your dog have any allergies? (foods, treats, medications, products)	Yes No	
Does your dog exhibit any unusual behaviors?	Yes No	
Has your dog shown aggressive behavior toward a person or animal? Describe the behavior.	Yes No	
How would you describe your dog's activity level?		
Does your dog have any phobias (thunderstorms, certain kinds of people or objects)?	Yes No	

Describe any other information about your dog that we should know. _____
