



4100 Westcor Ct. • Coralville, IA 52241  
 Ph. 319-545-7111 • Fax 319-545-7113  
 www.justdogsplaycare.com

Where a Dog Can Be Just a Dog-Gone Dog!

Trial Daycare Day: \_\_\_\_\_  
 First Camping Trip: \_\_\_\_\_  
 Intake Fee Pd: \_\_\_\_\_  
 Dog Entered in Gingr? By: \_\_\_\_\_ Date: \_\_\_\_\_  
 Cubby Hole made? By: \_\_\_\_\_ Date: \_\_\_\_\_  
 Kennel Card made? By: \_\_\_\_\_ Date: \_\_\_\_\_  
 Reservations in Gingr? By: \_\_\_\_\_ Date: \_\_\_\_\_  
 Entered in QB? By: \_\_\_\_\_ Date: \_\_\_\_\_  
 T1  T2  T3  T4 \_\_\_\_\_

## Dog Intake Questionnaire & Application

for Dog Daycare and Overnight Boarding Services

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

### Dog Owner Information

**Owner 1** \_\_\_\_\_  
First Name MI Last Name

**Owner 2** \_\_\_\_\_  
First Name MI Last Name

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Number(s): \_\_\_\_\_

Email Address(es): \_\_\_\_\_

*Emergency Contact—In case we can't reach you (name and phone number)—*

\_\_\_\_\_

*People authorized to pick up pet (name and phone number)—besides primary owners:*

\_\_\_\_\_

**Dog's Name (1)** \_\_\_\_\_ **(2)** \_\_\_\_\_ **(3)** \_\_\_\_\_

*(Please provide additional info about dogs on next page)*

**Service Requested:** (check first upcoming need)  **Dog Daycare**  **Overnight Boarding**  **Bathing/Salon**  **Obedience**

**Dates Requested:** \_\_\_\_\_ **Check if urgent:**  (Needed in less than two weeks)

### INSTRUCTIONS—PLEASE READ

Questions in this pre-evaluation cover your dog's social skills, obedience history, and medical information, which helps us understand how to provide the best care. Please provide as much detail as possible. When completed, please send this form, along with the most recent copy of your dog's vaccination records, to:

**Email:** info@justdogsplaycare.com **Fax:** 319-545-7113 **Mail:** 4100 Westcor Ct, Coralville, IA 52241

If you do not have vaccination records, please have your veterinarian fax or email them to JDPC.

**PLEASE NOTE:** We will begin processing your request once (1) this completed form and (2) all vaccination records have been received. Once your application has been processed, we will contact you about scheduling the services you requested.

**Best way to reach you:**  **Phone call**  **Text**  **Email**

We may need to set up a time to meet your dog (with at least one primary owner present) to conduct a temperament evaluation. This is required for dogs to participate in play groups at JDPC. Please indicate the best day of week and time of day (in general) to bring in your dog for a temperament evaluation. Due to high demand, we may be booking out several weeks.

**Best days of week:** \_\_\_\_\_ **Best time of day:** \_\_\_\_\_

## Dog Information

<b>Dog 1</b>	
Name: _____	Date of Birth: ____/____/____ Gender: <u> M / F </u>
Breed: _____ (specific as possible, avoid "mixed breed")	
Color: _____	Spayed or Neutered? Yes / No
(If no, indicate whether you plan to, and at what age: _____)	
Veterinarian Where Vaccinated: _____ Vet Phone: _____	
<b>Dog 2</b>	
Name: _____	Date of Birth: ____/____/____ Gender: M / F
Breed: _____ (specific as possible, avoid "mixed breed")	
Color: _____	Spayed or Neutered? Yes / No
(If no, indicate whether you plan to, and at what age: _____)	
Veterinarian Where Vaccinated: _____ Vet Phone: _____	
<b>Dog 3</b>	
Name: _____	Date of Birth: ____/____/____ Gender: M / F
Breed: _____ (specific as possible, avoid "mixed breed")	
Color: _____	Spayed or Neutered? Yes / No
(If no, indicate whether you plan to, and at what age: _____)	
Veterinarian Where Vaccinated: _____ Vet Phone: _____	

**Vaccinations:** (Vaccination records may be faxed to 319-545-7113 or emailed to [info@justdogsplaycare.com](mailto:info@justdogsplaycare.com))

- Required Vaccinations** – For each dog listed, please provide records with due dates for the following vaccines:
  - Rabies (for dogs 4 months of age or older)
  - DHPP (Distemper/Hepatitis/Parvovirus/Parainfluenza)
  - Bordetella (Kennel Cough)
- Required Preventatives (March through October)** – No vet records required; please note last date given.
  - Flea/Tick Preventative Name of medication used: \_\_\_\_\_ Last given: \_\_\_\_\_
  - Heartworm Preventative Name of medication used: \_\_\_\_\_ Last given: \_\_\_\_\_
- Suggested Vaccinations** (Not currently required) Please check if your dog has received the following vaccines:
  - Canine Flu Vaccine
  - Leptospirosis
  - Coronavirus

**General Information** - *If you are answering about more than one dog, use dog's first initial to indicate dog you are referring to.*

1. How long have you had your dog? How old was your dog when you got him/her? Where did you get your dog?
2. If your dog is a rescue, what if anything do you know about the dog's history before he/she came to you?
3. Does your dog have any medical issues? List any medications your dog is taking and for what. Also please give history of past major medical issues/surgeries.
4. Explain your dog's feeding schedule at home: *Name of dog food:* \_\_\_\_\_
  - a. Leave food out all the time
  - b. Feed \_\_\_x day and dog eats it all right away
  - c. Other (explain): \_\_\_\_\_
5. Is your dog a finicky eater? If so, what special treats or snacks spurs his/her appetite?
6. Does your dog have any food allergies or dietary restrictions we should know about? Y / N  
*In particular:*
  - a. Can your dog have peanut butter? Y / N
  - b. Are there ingredients/foods that upset your dog's digestive system?
7. Explain your dog's exercise schedule. Do you go on leash-walks? If so, how frequently? Is there a special harness or collar you use to make walks more enjoyable/controllable?
8. List the Command words your dog knows, if any.

	<u>Always</u>	<u>Usually</u>	<u>Needs Work</u>	<u>Any Hand Signals?</u>
Name (look at you)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Come	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Sit	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Stand	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Off (as in 4 paws on the ground)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Down (as in lay down)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Stay/Wait	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Shake/High Five	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Heel	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Fetch/Go Get It	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Drop it/Give/Release/Out	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

9. What, if any, obedience training have you done with your dog?  **No training**  **Trained yourself**

<b>Went Through Formal Obedience Training</b>	<u>Taken Where?</u>	<u>How Did Your Dog Do?</u>
<input type="checkbox"/> Puppy kindergarten <input type="checkbox"/> Group classes – basic <input type="checkbox"/> Group classes – advanced <input type="checkbox"/> Private training lessons <input type="checkbox"/> Canine Good Citizen <input type="checkbox"/> Agility <input type="checkbox"/> Other _____		

Any special obedience titles/awards? \_\_\_\_\_

10. Would you say your dog is possessive of certain bones/toys/items? If yes, explain what/when/how you respond.
11. What, if anything, makes your dog growl at you? (or someone else) Explain.
12. How does your dog react when meeting new people? *Any difference outside the home vs. at home? Men vs. women? Adults vs. children? Etc.*
13. What are your dog's favorite toys (if interested in toys)?
14. Is your dog sensitive about any parts of his/her body touched (i.e., tail, paws, etc.)?

### Boarding Information

15. Has your dog ever boarded overnight anywhere before? If yes, explain how they did there.
16. Do you ever (or have you ever) used a crate/kennel at home for your dog? Has your dog ever been kenneled elsewhere, such as the groomer or boarding facility? Explain your dog's comfort level with being in a kennel. If stressed, what behaviors indicate this? Has he ever hurt himself (rubbed nose, broke a tooth, bloodied a paw) trying to escape from a crate/kennel?
17. Where is your dog when he or she is home alone?
- In a kennel
  - Blocked off in an area - where: \_\_\_\_\_
  - Run of the house
  - Other: \_\_\_\_\_
18. Is your dog capable of jumping a 6-ft fence? Has he or she ever done this?
19. Does your dog chew things up, such as beds/blankets/toys left in kennel? Y / N  
*If so:*
- Should your dog have a bed/blanket in his kennel? Y / N
  - What are good chew toys to leave in your dog's kennel? (besides rawhide-type chews, which cannot be left in dogs' kennels due to choking hazard)

### Bathing/Salon Information

20. How does your dog behave for baths? For nail clips? For brushing? For grooming/haircuts?

21. Do you perform these services yourself or use a professional? Vet/Salon Used: \_\_\_\_\_

22. Does your dog have any skin conditions or sensitivities?

### **Dog Daycare/Play Group Information**

23. List other animals in your household that your dog may interact with (name, species, breed, gender, age). How do they get along?

24. Does your dog play with other dogs (besides sibling dogs at home)? If yes, how frequently & where?

25. What kind (breed or size or gender) does your dog seem to like to interact with best? Any they don't like?

26. Explain how your dog plays with other dogs. What play behaviors do you observe?

27. Do you go to the dog park? If yes, which one? Explain how your dog acts toward other dogs there.

28. Have you ever taken your dog to another dog daycare? If yes, explain how they did there.

29. Has your dog ever had a dog fight? If yes, explain.

30. Has your dog ever bitten/injured another dog or animal that has resulted in either animal needing veterinary attention? Y / N

*If so, explain:*

31. Has your dog ever bitten a human that has resulted in the person needing medical attention? Y / N

*If so, explain:*

32. Does your dog chase wild animals/critters (rabbits, squirrels, birds, etc.)? Y / N
- If so, has he or she ever seriously injured or killed one? Y / N
  - On a scale of 1 (*low*) to 10 (*high*), how would you rate your dog’s prey instinct (urge to chase/catch/kill) ? \_\_\_\_\_
  - Do you feel he or she can distinguish a small dog/cat/domestic animal from a wild animal/critter? Y / N
- If no, explain:*

33. What is the main reason you have chosen doggie daycare for your dog?

34. What are the things you like best about your dog? What frustrates you most about your dog?

35. Are there any 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?

<u>Issue</u>	<u>Seriousness</u>		
	<i>Low</i>		<i>High</i>
1.	1	2	3
2.	1	2	3
3.	1	2	3

**How did you hear about our services?**

Internet Search    NPR    TV    Postcard    Vet    Word of Mouth (Referred by: \_\_\_\_\_)    Other \_\_\_\_\_

**Other JDPC services of interest:**

Daycare    Overnight Boarding    Bath & Spa Services    Obedience Training    Dog Retail

**“We Train, You Train”®**—Would you like assistance with obedience training while your dog is at JDPC for daycare or boarding?

Yes, tell me more about “We Train, You Train”®!

For more info on this program or other obedience services, visit: <https://www.justdogsplaycare.com/private-obedience-training/>



**Like us on Facebook**—If you’re on Facebook, check out our page: <https://www.facebook.com/Just-Dogs-PlayCare-Inc->



**Scheduling Preferences (if enrolling in Daycare):**

Days/week: \_\_\_\_\_ Hrs/day: \_\_\_\_\_ Expected Drop-off Time: \_\_\_\_\_ / Pick-up Time: \_\_\_\_\_

**Temperament Review** (to be conducted by JDPC)

TEST	RESULTS
1. Backstroking/head pat	
2. Hug/20 seconds of love	
3. Exam teeth, nails, ears	
4. Loud noise/storm phobia	
5. Bordatella, flea exam	
6. Verbal reprimand/collar grab	
7. Commands known	
8. Toy—and takeaway	
9. Food—and takeaway	
10. Tweaks/tugs	
11. Drop-it/Out/Give/Release	
12. Stranger intro	
13. Dog intro	

**Evaluator:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Recommendations:** **Dog Soc** Low High 1 2 3 4 5      **Human Soc** Low High 1 2 3 4 5      **Obed** Low High 1 2 3 4 5

Bigs  Littles Group Level 1 2 3 4

Health/behavior issues to be aware of: \_\_\_\_\_

Notes for kennel card \_\_\_\_\_

Dog Owner's Name (Print): \_\_\_\_\_

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

Just Dogs PlayCare Representative (Print): \_\_\_\_\_

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



Thanks for your interest in Just Dogs PlayCare!  
We will be in touch within 48 hours of submission of  
this complete application and your dog's vaccination records.