



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!

For Office Use Only

App Review By: ___ Date: ___	<input type="checkbox"/> T1 <input type="checkbox"/> T2 <input type="checkbox"/> T3 <input type="checkbox"/> T4	Intake Fee: \$20 per dog
Phone Intake: _____		Total Charge \$ _____
Trial Daycare Day: _____ E or T		<input type="checkbox"/> Fee added to reserv? By: ___ Date: _____
First Lodging: _____ E or T		<input type="checkbox"/> Other Discount(s) in cart
Dog U: _____ Other Requests: _____		<input type="checkbox"/> \$5 off: w/in 2 wks of intake
		<input type="checkbox"/> 100% off: waive current customer
Dog Entered in Gingr? By: ___ Date: _____		Gingr: <input type="checkbox"/> Portal invite By: ___ Date: _____
Reservations in Gingr? By: ___ Date: _____		<input type="checkbox"/> Notice added? By: ___ Date: _____
Cubby Hole made? By: ___ Date: _____		First Day in Outlook? By: ___ Date: _____
Kennel Card made? By: ___ Date: _____		Referral Postcard? Y / N By: ___ Date: _____
Entered in QB? By: ___ Date: _____		

JDPC Dog Intake Questionnaire & Application

Date: _____

INSTRUCTIONS—Questions in this pre-evaluation cover your dog’s social, medical, and obedience information, which helps us understand how to provide the best care. Detailed answers help. Once completed, send questionnaire, along with the most recent copy of your dog’s vaccination records, to us: **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 send them to JDPC. We will process your intake application once all information is received.

Next step: We’ll contact you to schedule a telephone intake interview, where we will discuss this questionnaire in greater detail. Depending on demand, we may be booking out several weeks for this. In general, what days/times work best for you to do the telephone intake interview: **Best days of week:** _____ **Best time of day:** _____

Dog’s Name (1) _____ (2) _____ (3) _____

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:

Service(s) Requested: (Must Attend Daycare to Use Our Other Services)



_____ **Dog Daycare:** Enrichment Traditional _____ **Bath & Spa**
 _____ **Overnight Lodging** _____ **Dog U Membership**
 _____ **Obedience:** Classes Private (Dog U Members only) “We Train, You Train” (Dog U Members only)

Date(s) Requested for Above: _____ **Urgent?:** (Less than 3 weeks)

For more information on any of these services, please visit us at www.justdogsplaycare.com!

Dog Information	
Dog 1	
Name: _____	Date of Birth: ____/____/____ Gender: M / F
Breed: _____ (if "mixed breed," indicate likely breeds)	
Color: _____	Spayed or Neutered? Yes / No (If no, do you plan to by 6 months of age? Y/N)
<i>Note: Any dogs over 6 months of age must be altered to attend any daycare, per Iowa Department of Agriculture regulations.</i>	
Primary Veterinarian: _____	Vet Phone: _____
Dog 2	
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: _____
Dog 3	
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)

- 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

Important Note - *If you are answering about more than one dog, use dog's first initial to indicate dog you are referring to. Please do not complete a separate application.*

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. Please provide the following medical information about your dog
 - a. Provide history of past major medical issues/surgeries:
 - b. List any allergies your dog has:
 - c. List any medications your dog is taking and for what:
 - d. Does your dog currently have any injuries or illnesses? If yes, explain:
 - e. List any lumps, bumps, broken teeth, etc that your dog has:
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? How often? Is there a special harness or collar you use to make walks more enjoyable/controllable?
8. What, if any, obedience training have you done with your dog?
 Classes/private training – *where? how did your dog do?*
 Trained yourself
 No training
9. List the Command words your dog knows, if any.

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?
 - a. In a kennel
 - b. Blocked off in an area - where: _____
 - c. Run of the house
 - d. 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:
 - a. Should your dog have a bed/blanket in his kennel? Y / N
 - b. 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)

Dog Daycare/Play Group Information

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

21. Does your dog play with other dogs (besides sibling dogs at home)? If yes, how frequently & where?
22. What kind (breed or size or gender) does your dog seem to like to interact with best? Any they don't like?
23. Explain how your dog plays with other dogs. What play behaviors do you observe?
24. Do you go to the dog park? If yes, which one? Explain how your dog acts toward other dogs there.
25. Have you ever taken your dog to another dog daycare? If yes, explain how they did there.
26. Has your dog ever had a dog fight? If yes, explain.
27. Has your dog ever bitten/injured another dog or animal that has resulted in either animal needing veterinary attention? Y / N
If so, explain:
28. Has your dog ever bitten a human that has resulted in the person needing medical attention? Y / N
If so, explain:
29. 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:*

30. What is the main reason you have chosen doggie daycare for your dog?
31. What are the things you like best about your dog? What frustrates you most about your dog?
32. 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?

Issue	Seriousness		
	Low		High
1.	1	2	3
2.	1	2	3
3.	1	2	3

Bathing/Salon Information

33. How does your dog behave for baths? For nail clips? For brushing? For grooming/haircuts? Do you perform these services yourself or use a professional? Vet/Salon Used: _____
34. Does your dog have any skin conditions or sensitivities? Do you use a hypoallergenic or other special shampoo?

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 for Daycare - provide as much detail as possible

Days (circle): M Tu W Th F

Full Days or **Half Days?** (circle): **AM** or **PM**

Enrichment Daycare or **Traditional** Daycare

Temperament Review (to be conducted by JDPC on first visit to daycare)

TEST	RESULTS
1. Backstroking/head pat	
2. Hug/20 seconds of love	
3. Exam teeth, nails, ears	
4. Loud noise/storm phobia	
5. Bordetella, 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 as soon as possible after receipt of this application and your dog’s vaccination records.