



# K9 Country Club Client Questionnaire

Revised 2015-02-22

Today's Date \_\_\_\_\_ Dog's Name \_\_\_\_\_

Owner's Name(s) \_\_\_\_\_ Phone \_\_\_\_\_

Dog's current age \_\_\_\_\_ Breed \_\_\_\_\_

If a mix, list two predominant breeds apparent \_\_\_\_\_

What program are you applying for at K9 Country Club?  Daycare  Boarding

## General Information

How long have you owned your dog? \_\_\_\_\_ Where did you get your dog? \_\_\_\_\_

What knowledge do you have of your dog's history? \_\_\_\_\_

How would you describe your dog's energy level?  Low  Medium  High

What other pets do you have in your household? \_\_\_\_\_

How does your dog get along with your other pets? \_\_\_\_\_

What kinds of games do you play with your dog? \_\_\_\_\_

Does your dog like to play in water?  Yes  No

How does your dog behave during a bath? \_\_\_\_\_

How does your dog react to having his/her nails clipped? \_\_\_\_\_

Is your dog crate trained?  Yes  No If yes, do you currently use a crate regularly?  Yes  No

Where does your dog sleep?  Crate  Dog bed  Other \_\_\_\_\_

If you are applying for our daycare program, what is the reason? (Please check all that apply)

Provide play time with other dogs

Prevent dog from being home alone

If checked, does your dog show signs of separation anxiety?  Yes  No

Exercise

If checked, what other source(s) of exercise does your dog have? \_\_\_\_\_

Recommended by a pet professional (trainer, veterinarian, etc.)

If checked, reason for recommendation? \_\_\_\_\_

Other \_\_\_\_\_

## Health Information

Dates of last vaccines

Rabies \_\_\_\_\_ DHLP/P \_\_\_\_\_ Bordetella \_\_\_\_\_

Date of last fecal parasite screening \_\_\_\_\_ Date of last Giardia screening \_\_\_\_\_

What flea/tick control and prevention method do you use? \_\_\_\_\_

Does your dog have any allergies?  Yes  No

If yes, please explain \_\_\_\_\_

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 \_\_\_\_\_

Does your dog have any physical disabilities?  Yes  No

If yes, please describe the disability and cause \_\_\_\_\_

What restrictions need to be placed on your dog's activities or movements?

No jumping  No running  No rough play  No contact with other dogs

Other \_\_\_\_\_

Does your dog have any sensitive areas on his/her body?  Yes  No

If yes, please describe \_\_\_\_\_

\_\_\_\_\_

What type of food do you feed your dog?  Kibble  Canned  Raw/natural

Brand (Innova, Iams, Purina, etc.) \_\_\_\_\_

Feeding schedule \_\_\_\_\_

Does your dog have any potty-related issues or concerns?  Yes  No

If yes, please explain \_\_\_\_\_

On what type of surface does your dog generally go potty?

Grass  Mulch or bark  Gravel  Pee pads  Other \_\_\_\_\_

What word do you use to get your dog to eliminate (go potty)? \_\_\_\_\_

## Socialization

Which of the following options best describes your dog's level of 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.

Has your dog had any problems previously in an off-leash social environment? (Please 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

If checked, please explain \_\_\_\_\_

Other (please describe) \_\_\_\_\_

## Obedience Training

Which commands does your dog know?

Sit  Stay  Down  Come  Heel  Roll over  Kisses  High Five  Shake  Other \_\_\_\_\_

How did your dog get his/her obedience training?

Attended one group class

Attended more than one level of group classes (such as beginner and intermediate levels)

Dog was sent to a board and train program

Private sessions with a professional in the home

Other \_\_\_\_\_

None

If your dog attended training classes, where were the classes held? \_\_\_\_\_

Which option best describes the use of obedience cues with your dog at home?

Key part of daily communication

Used when on walks or when other people are in the home

Used occasionally to better control behavior

Rarely used

Never used

## Behavior Information

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

Mouthing  House-training  Barking  Digging  Ignoring commands

If any are checked, please explain \_\_\_\_\_

\_\_\_\_\_

How does your dog behave around children? \_\_\_\_\_

How does your dog react to a stranger coming into your home or yard? \_\_\_\_\_

Do visitors bring their dogs to your home?  Yes  No

If yes, how does your dog react? \_\_\_\_\_

How does your dog behave behind a gate or fence?

When a dog approaches \_\_\_\_\_

When a stranger approaches \_\_\_\_\_

How does your dog react to another dog approaching him/her while on a walk?

On leash \_\_\_\_\_

Off leash \_\_\_\_\_

Are there any types of people your dog seems to automatically fear or dislike?  Yes  No

If yes, please explain \_\_\_\_\_

Has your dog ever growled at someone?  Yes  No

If yes, what were the circumstances? \_\_\_\_\_

Has your dog ever bitten a person?  Yes  No

If yes, what were the circumstances? \_\_\_\_\_

Please describe the injuries, if any \_\_\_\_\_

Has your dog ever bitten a dog or other animal?  Yes  No

If yes, what were the circumstances? \_\_\_\_\_

Please describe the injuries, if any \_\_\_\_\_

Has your dog ever chased (or tried to chase) someone on a skateboard or bicycle?  Yes  No

If yes, please describe the circumstances \_\_\_\_\_

\_\_\_\_\_

Has your dog ever chased (or tried to chase) a small animal?  Yes  No

If yes, please describe the circumstances \_\_\_\_\_

\_\_\_\_\_

Has your dog ever growled or snapped at a **person** who has taken away food or toys from him/her?  Yes  No

If yes, please describe the circumstances \_\_\_\_\_

\_\_\_\_\_

Has your dog ever growled or snapped at a **dog** that has approached his/her food or toys?  Yes  No

If yes, please describe the circumstances \_\_\_\_\_

\_\_\_\_\_

Has your dog ever climbed or jumped a fence?  Yes  No

If yes, please describe the circumstances \_\_\_\_\_

\_\_\_\_\_

How high was the fence? \_\_\_\_\_ What type of fence? \_\_\_\_\_

Has your dog ever escaped from your house or yard?  Yes  No

If yes, please describe the circumstances \_\_\_\_\_

\_\_\_\_\_

Is your dog frightened by thunderstorms?  Yes  No

If yes, please describe your dog's typical behavior during thunderstorms \_\_\_\_\_

\_\_\_\_\_

What helps to relax or calm your dog's fear? \_\_\_\_\_

\_\_\_\_\_

Is your dog frightened or nervous in other circumstances?  Yes  No

If yes, please explain \_\_\_\_\_

\_\_\_\_\_

Other comments or information about your dog that you think might be helpful for us \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**THANK YOU FOR TAKING THE TIME TO COMPLETE THIS QUESTIONNAIRE.  
THE INFORMATION WILL HELP US TO PROVIDE THE BEST CARE FOR YOUR DOG.**