



# PRE SCREENING QUESTIONNAIRE

We conduct a pre screening assessment to help us get to know your dog better. This will assist us when trying to find your dog their perfect playgroup, where they feel safe and happy to have a fun filled day! Please fill this questionnaire out to your best knowledge and if you have any questions please don't hesitate to ask.

Dog's Name: \_\_\_\_\_ Age: \_\_\_\_\_ Breed: \_\_\_\_\_

Nicknames if any (other names your dog will answer to): \_\_\_\_\_

Has your dog ever attended a dog daycare before?  YES  NO

If so where and for how long: \_\_\_\_\_

Does your dog live with other pets?  YES  NO

Details: \_\_\_\_\_

Has your dog completed any obedience training?  YES  NO

Details: \_\_\_\_\_

Why do you want your dog to come to daycare? \_\_\_\_\_

Was your dog a rescue?  YES  NO

Are you happy for your dog to have treats while at daycare?  
 Yes  Dry Kibble Only  No

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Is your dog on any current medications?  YES  NO

Details: \_\_\_\_\_

Does your dog have any known allergies?  YES  NO

Details: \_\_\_\_\_

Does your dog have any physical limitations or previous injuries?  YES  NO

Details: \_\_\_\_\_

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Describe your dog's energy level:  
 Low  Medium  High

Is your dog crate trained?  YES  NO

Does your dog visit any off leash areas, such as the dog park?  YES  NO

Does your dog have any issue sharing resources?  YES  NO

Has your dog ever growled, snapped or bitten *another dog*?  YES  NO  
If so, how severe?

Has your dog ever growled, snapped or bitten *a person*?  YES  NO  
If so, how severe?

Does your dog suffer from any separation anxiety?  YES  NO

In comparison to other dogs, does your dog bark?  Less  Average  More

How well does your dog recall:  Most of the time  Some of the time  Rarely

What are your dog's favourite activities?

Chase

Running

Other:

Cuddles

Herding

Sleeping

Retrieving

Wrestling

Tug O War

What Commands does your dog know?

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Anything else we should know?

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Owner's Name: \_\_\_\_\_

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

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### Office Use Only

Employee's Name: \_\_\_\_\_

Date of introduction: \_\_\_\_\_

Score: \_\_\_\_\_