



All dogs **over 6 months of age must be spayed or neutered** to participate in group play. Intact dogs under the indicated ages will be able to play in our puppy groups.

Date: _____

Client Name: _____ Phone #: _____

Address (street): _____

City, State, Zip: _____

Email: _____

Dog's Name: _____ Breed/Mix: _____

Age: _____ Date of Birth: _____ Sex: _____ Spayed? Yes No



General Questions About Your Dog

(All first-time clients, for daycare or boarding, please fill out this part.)

How long have you owned your animal? _____

Is your animal spayed or neutered? (circle one) Yes No

If yes, when were they fixed? _____

If no, when was their last heat (Female)? _____

Any medical conditions/injuries/physical limitations we should be aware of? Yes No

If yes, please describe:

Does your dog have any allergies? Yes No If yes, what are they allergic to?

Does your pet suffer from any separation anxieties? Yes No Would this affect them boarding or being in a kennel? Please describe:

Has your dog ever jumped a fence? Yes No

If yes, how tall was it? _____

Has your dog ever dug under a fence? Yes No

Has your dog ever bitten or shown aggression towards someone? Yes No

If yes, please describe the instance:

Does your dog suffer from periodic diarrhea? Yes No

Frequency? _____

Cause? _____

Is there a vet's diagnosis for it? Yes No

Is your dog on medication for it? Yes No

Has your dog ever ingested or chewed on a blanket or toy while unsupervised?

Yes No

If yes, what have they ingested? _____

Are we allowed to give your dog treats? Yes No

Does your dog have any barrier aggression? (Fence fighting, barking at dogs on the other side) Yes No

Group Play Section

(*Only* for owners signing up for our Group Play Daycare)

How would you describe your dog's energy level?

Low Medium High

How would you describe your dog's play style with other dogs?

Has your dog ever been in an altercation with another dog? If yes, please describe the instance.

Does your dog have any obedience training?

None Self-trained Formal Classes

How well does your dog respond to obedience cues?

Rarely Occasionally Consistently

Has your dog ever bitten another person or dog? Yes No

Has your dog ever chased a small animal such as a squirrel, rabbit or smaller dog?

Yes No

How would you best describe your dog's level of socialization with other dogs?

None Moderate Extensive

Why are you considering off-leash play for your dog?

Play with other dogs So not home alone Socialization

Exercise Other – Please Describe

Please checkmark all behaviors below that apply to your dog:

<input type="checkbox"/> Dominant in Play	<input type="checkbox"/> Chasing	<input type="checkbox"/> Not Coming When Called	<input type="checkbox"/> Fence Fighting	<input type="checkbox"/> Mouthing	<input type="checkbox"/> Dog Aggression	<input type="checkbox"/> Fear of Storms
<input type="checkbox"/> Mounting	<input type="checkbox"/> Submissive in Play	<input type="checkbox"/> Pulling on Leash	<input type="checkbox"/> Showing Teeth	<input type="checkbox"/> Nipping	<input type="checkbox"/> People Aggression	<input type="checkbox"/> Fear Aggression
<input type="checkbox"/> Digging	<input type="checkbox"/> Submissive Urination	<input type="checkbox"/> Escaping	<input type="checkbox"/> Excessive Licking	<input type="checkbox"/> Snapping	<input type="checkbox"/> Food Guarding	<input type="checkbox"/> Separation Issues
<input type="checkbox"/> Chewing	<input type="checkbox"/> Excited Urination	<input type="checkbox"/> Lunging	<input type="checkbox"/> Stool Eating	<input type="checkbox"/> Biting	<input type="checkbox"/> Toy Guarding	<input type="checkbox"/> Shyness
<input type="checkbox"/> Barking	<input type="checkbox"/> Marking	<input type="checkbox"/> Charging		<input type="checkbox"/> Growling	<input type="checkbox"/> Territorial Guarding	<input type="checkbox"/> Fear of Noises

Is there anything else you would like us to know about your dog?

Are there any other services offered at BloomingPaws that you would like to know more about?

Training

Grooming

Boarding

Veterinary Clinic

Owner Signature: _____ Date: _____