

## Off-Leash Play Application

We love dogs and want your dog to love coming to our off-leash playgroup. No one knows your dog better than you, so we'd appreciate you taking the time to fill out this application. The more we know about the dogs in our care, the better our playgroups will be.

Owner's Name(s):	Today's Date:
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### Dog Information

*Please submit one application for each dog who you would like to have in off-leash play*

Dog's Name:	Breed: If a mix, list two predominant breeds in behavior:
1a. Current age	Years:                      Months:
1b. How long have you owned your dog?	
2. Where did you get your dog? <input type="checkbox"/> Newspaper Ad <input type="checkbox"/> Breeder <input type="checkbox"/> Pet Store <input type="checkbox"/> Animal Shelter <input type="checkbox"/> Animal Rescue Group <input type="checkbox"/> Friend <input type="checkbox"/> Found As Stray <input type="checkbox"/> Other _____	What knowledge do you have of your dog's past history?
3. Why are you considering our off-leash dog play program for your dog? (check all that apply) <input type="checkbox"/> Play with other dogs <input type="checkbox"/> So not home alone; check if <input type="checkbox"/> exhibits symptoms of separation anxiety <input type="checkbox"/> Exercise: <input type="checkbox"/> Primary source or <input type="checkbox"/> Additional source of exercise <input type="checkbox"/> Recommended by other pet professional (trainer, vet, etc.); Reason: _____ <input type="checkbox"/> Other: _____	
4. Which of the following best describes your dog's level socialization with other dogs: <input type="checkbox"/> None – No knowledge of other dog interaction <input type="checkbox"/> Minimal – On leash encounters only <input type="checkbox"/> Moderate – Some off-leash playtime on occasion with visitor's/neighbor's/friend's dog(s) <input type="checkbox"/> Extensive – Regular visits to dog social events, off-leash dog parks, dog daycare, etc.	
5a. Has your dog had any problems previously in an off-leash social environment? <input type="checkbox"/> No <input type="checkbox"/> Yes, (check all that apply) <input type="checkbox"/> Altercation or fight at a public dog park <input type="checkbox"/> Altercation or fight with a neighbor or friend's dog <input type="checkbox"/> Fearful reaction in a group of dogs <input type="checkbox"/> Dismissed from a prior dog daycare or social playgroup program (complete item 5b) <input type="checkbox"/> Other (please describe) _____	
5b. <i>Only complete if you answered yes in 5a that your dog was dismissed from a prior program.</i> What reason were you given as to why your dog was dismissed?  Check each statement below that applies to the situation that resulted in your dog's dismissal. <input type="checkbox"/> My dog was injured, no medical treatment required <input type="checkbox"/> My dog was injured and required medical treatment <input type="checkbox"/> Another dog was injured, no medical treatment required <input type="checkbox"/> Another dog was injured and required medical treatment <input type="checkbox"/> A person was injured, no medical treatment required <input type="checkbox"/> A person injured and required medical treatment  Provide any other comments you want us to know about this situation.	

## Health History

6. Please describe your dog's flea/tick control and prevention program:	
7. Does your dog have any allergies? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain:	
8. Does your dog have any physical disabilities? <input type="checkbox"/> Yes <input type="checkbox"/> No Please explain disability & cause:  If answered yes, what restrictions need to be placed on your dog's activities or movements? <input type="checkbox"/> No jumping <input type="checkbox"/> No running <input type="checkbox"/> No hard play <input type="checkbox"/> No contact with other dogs <input type="checkbox"/> Other (Please explain)	
9. Does your dog have any medical conditions? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain: If medication is used to control the condition, please provide name and dosage.	
10. Provide details of your dog's diet – a. <i>type</i> (kibble, canned, raw/natural): b. <i>brand</i> (Innova, Iams, Purina, etc.): c. <i>primary protein source</i> : d. <i>feeding schedule</i> :	
11. On what type of surface does your dog generally go to the bathroom (e.g., grass, mulch, pee pads)?	
12. Does your dog have any bathroom-related issues or concerns?	
13 a. How often do you brush or comb your dog's coat?	13b. How does your dog react to having his/her nails clipped?
13c. Does your dog like to be brushed? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, what have you tried to make it more enjoyable?	
14. Does your dog have any sensitive areas on his/her body? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, where?	
15. Where are your dog's favorite petting spots?	
16a. How frequently is your dog walked outside?	16b. How long are your walks?
17. Check the box below that best represents your dog's overall level of exercise routine: <input type="checkbox"/> Couch Potato: Spends days sleeping, occasional walks and/or playtime with humans or other dogs. <input type="checkbox"/> Mild Exerciser: Short daily walks and/or regular playtime with human or other dogs. <input type="checkbox"/> Moderate Exerciser: Long or multiple walks daily and/or regular playtime with human or dogs. <input type="checkbox"/> Athlete: Regular jogs/runs and/or regular participation in a dog sport activity such as agility, flyball, frisbee, etc.	

## Household Information

18. Complete table with information on other pets in household:

Breed	Age	Sex	Spayed or Neutered
1.		<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Yes <input type="checkbox"/> No
2.		<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Yes <input type="checkbox"/> No
3.		<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Yes <input type="checkbox"/> No
4.		<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have cats? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, how many cats do you have?		How does your dog get along with your cats?  How does he react to unfamiliar cats he sees on walks?	

19a. Does your dog like children? <input type="checkbox"/> Yes <input type="checkbox"/> No	
19b. How does your dog behave around children?	19c. How does your dog get along with other household animals?
20. Do any visitors bring their dog(s) to your house? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, how do they get along?	
21. How does your dog react to a stranger coming into your home or yard?	
22. Does your dog ever bark or growl at anyone passing outside your home or yard? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain:	
23. Are there any types and/or breeds of dogs your dog seems to automatically fear or dislike? <input type="checkbox"/> Yes <input type="checkbox"/> No, If yes, please describe:	
24. How does your dog react to puppies?	
25. How does your dog react to another dog approaching him/her in a park, at the beach, or on a walk? a. On Leash:	
b. Off Leash:	
26. Does your dog play with other dogs? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, which type? <input type="checkbox"/> Male and females <input type="checkbox"/> Only males <input type="checkbox"/> Only females	
Please describe size, breed, & temperament of the other dogs.	

27. What kinds of games does your dog play with other dogs?	
28. What kinds of games does your dog play with people?	
29. Has your dog ever shared his/her food or toys with other animals? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, how does your dog react to another dog approaching his/her food or toys?	
30. Which commands does your dog know? (please check all that apply)  <input type="checkbox"/> Sit <input type="checkbox"/> Stay <input type="checkbox"/> Down <input type="checkbox"/> Come <input type="checkbox"/> Heel <input type="checkbox"/> Rollover <input type="checkbox"/> Kisses <input type="checkbox"/> High Five <input type="checkbox"/> Other: _____	
31. How did your dog get his/her obedience training? (Please check all that apply) <input type="checkbox"/> Attended one group class <input type="checkbox"/> Attended more than one level of group classes (beginner and intermediate, etc.) <input type="checkbox"/> Dog was sent to a board and train program <input type="checkbox"/> Private sessions in home <input type="checkbox"/> Other, please explain:	
32. Which of the following best describes the use of obedience cues with your dog at home? <input type="checkbox"/> Key part of daily communication <input type="checkbox"/> Used when we go on walks or have people over <input type="checkbox"/> Used occasionally to better control behavior <input type="checkbox"/> Rarely used <input type="checkbox"/> Not applicable	
33. What kind of a collar do you use to walk your dog?  <input type="checkbox"/> Buckle <input type="checkbox"/> Nylon/Chain Choke Collar <input type="checkbox"/> Harness – Leash Clips on Back <input type="checkbox"/> Harness – Front Clip <input type="checkbox"/> Head Collar <input type="checkbox"/> Prong/Pinch <input type="checkbox"/> Other:	
34. Is it effective in keeping him/her under control? <input type="checkbox"/> Yes <input type="checkbox"/> No	
35. Has your dog ever gotten away from someone when out for a walk? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain circumstances:	
36a. Where does your dog sleep? <input type="checkbox"/> Inside the house <input type="checkbox"/> Outside the house <input type="checkbox"/> Inside/Outside-varies	
36b. In which room in the house does your dog sleep?	36c. Where in the room does your dog sleep? <input type="checkbox"/> Crate <input type="checkbox"/> Owner's bed <input type="checkbox"/> Dog Cushion/Bed on floor <input type="checkbox"/> Other (Please describe)
37. Has your dog ever jumped up on someone? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, what were the circumstances?	
38. How does your dog act when you get home at the end of the day?	

39. What does your dog do to show he/she is happy?	
40. What does your dog do to show he/she is upset?	
41. Is your dog allowed on the furniture at home?	<input type="checkbox"/> Yes <input type="checkbox"/> No
42. Does your dog have any problems in any of the following areas? If yes, please explain.	
<input type="checkbox"/> Mouthing _____	
<input type="checkbox"/> Housetraining: _____	
<input type="checkbox"/> Barking: _____	
<input type="checkbox"/> Digging: _____	
<input type="checkbox"/> Ignoring commands: _____	
43. Does your dog know any tricks? If yes, please describe.	<input type="checkbox"/> Yes <input type="checkbox"/> No

**Dog Behavior Information**

44. Are there any particular types of people your dog seems to automatically fear or dislike?	
45. Has your dog ever growled at someone? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, what were the circumstances and how did you respond?	
46. Has your dog ever bitten a person? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, what were the circumstances and how did you respond? Please describe injuries (if any).	
47. Has your dog ever bitten another animal? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, what were the circumstances and how did you respond? Please describe any injuries if there were any.	
48. To the best of your knowledge, what does your dog do when you're not at home?	
49. Has your dog ever climbed/jumped a fence? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, what were the circumstances? How high was the fence?	
50. Has your dog ever escaped from your house or yard? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain the circumstances:	