

Group Playtime Application

Client _____

Dog's Name _____ Breed _____ Sex _____

Spayed/Neutered _____ Color _____ DOB _____

How long have you owned your dog? _____ Where did you get your dog? _____

Are there any health concerns or limitations for your dog? _____

Please check all that apply to your dog's temperament:

_____ Aggressive with other dogs and or animals _____ Aggressive with people

_____ Socializes well with other dog's _____ Fears (please list if yes)

_____ Attacked by another dog or abused (please explain if yes)

Has your dog socialized in a group of dogs before? **(if yes please provide where/when)** _____

What training has your dog had? _____

Has your dog been to daycare or a dog park before? **(if yes how often)** _____

Is your dog possessive of anything? (food, toys, etc) _____

Has your dog ever bit a person or dog? _____

Is your dog sensitive about any parts of their body? _____

Any other information _____

You leave em, we love em