



## PAWS on jackrabbit Doggie Daycare Questionnaire

Owners Name:

Phone:

Email:

Address:

City, State, Zip:

Dogs Name:

Breed:

Sex:

Dogs Weight:

Dogs DOB:

Altered:

Has your female had a season and how often does she come in heat:

Veterinarian:

Allergies:

Any medical conditions we should be aware of:

Any medications dog is currently on:

Is your dog destructive, chew beds, toys, etc:

Has your dog ever interacted with other dogs:

On a scale of 1 to 10 how dominate or submissive is your dog (10 very dominate 1 very submissive):

Has your dog ever jumped a fence or wall:

How does your dog get along with bigger dogs:

How does your dog get along with smaller dogs:

Does your dog play rough or gentle:

Does your dog like or not like his/her same sex, the opposite sex:

Does your dog have a problem with certain dogs \*hairy, small, black dogs, etc:

Has your dog ever growled or grumbled at another dog:

If yes explain:

Has your dog ever bit, bit at or gotten into a fight with another dog:

If yes explain:

Has your dog ever growled or grumbled at a person:

Has your dog ever bit or bit at a person:

How did you hear about us:

Any additional information you think would be helpful: