

Evaluation Form

2023

--For Training, Daycare, and Boarding

| Pet/ Parent Information | | | | | |
|--|----------------------------|-----------------|-----------|------------------|------------|
| Last Name: | First Name: | Phone #: | | | |
| Vet Clinic Name: | Vet Clinic Phone #: | | | Pet Name: | |
| Pet History: -----Circle which applies | | | | | |
| Has you pet ever bitten a person, p pet or animal | Yes -----No | If Yes Explain: | | | |
| Has your pet ever been bitten or attacked? | Yes-----No | If Yes Explain: | | | |
| Are there any Behaviors that we should know? | Yes-----No | If Yes Explain: | | | |
| Does your dog protect his/her toys, or food? | Yes-----No | If Yes Explain: | | | |
| Has your pet been in daycare or dog park before? | Yes-----No | If Yes Explain: | | | |
| Pet Experiences: | Calm | Happy | Timid/Shy | Fearful | Aggressive |
| What is the pets behavior when..... (Checkmark which apply) | | | | | |
| meeting another dog? | | | | | |
| Meeting a stranger inside the home? | | | | | |
| Meeting a stranger outside the home? | | | | | |
| How does pet behave interacting and playing with.....(Checkmark which apply) | | | | | |
| Other Dogs? | | | | | |
| other People? | | | | | |
| Addition information or things we should know (optional) | | | | | |