

Evaluation Form

2023

--For Training, Daycare, and Boarding

Pet/ Parent Information					
Last Name:	First Name:	Signature:		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)					