

BARK AVENUE DOG PROFILE/ASSESSMENT

Where did you get your dog?: _____

Are there other animals in your household? (Y/N) If so, please list type: _____

Has your dog ever been to Dog Day Care before (Y/N) Where?: _____

Have you boarded your dog before? (Y/N) Where?: _____

Where does your dog stay most of the time? (check a response):

Indoors Garage Other Outdoors

Does your dog have a problem with fleas? (Y/N)

Do you use any flea products on your dog? (Frontline, Advantage, etc.) _____

Is your dog on any medications now? (Y/N)

If so, for what reason? _____

Has your dog been on medication recently? (Y/N)

If so, for what reason? _____

Does your dog have any injuries, hot spots, irritations, skin problems, bandages, stitches or other problems our staff should be aware of? _____

Does your dog have any medical conditions that limit your dog's activities or movements? _____

How does your dog react to having his/her nails clipped? _____

Does your dog have any sensitive areas on his/her body? _____

Has your dog had any surgeries in the past? _____

Does your dog act afraid of any specific items or noises? (Y/N)

If so, please explain: _____

How does your dog react to strangers coming into your home or yard? _____

Are there any kinds of people your dog automatically fears or dislikes?
(ie: men, people in uniform, etc.) _____

Are there any kinds of dogs your dog automatically fears or dislikes? _____

Are there any circumstances where your dog is aggressive with other dogs? (Y/N)

Please Explain: _____

Does your dog go to dog parks? _____

Can your dog jump over fences? (Y/N) If yes, how high? _____

Has your dog ever growled at someone? (Y/N)

What were the circumstances? _____

Has your dog ever bitten someone? (Y/N)

What were the circumstances? _____

Does your dog have any problems in any of the following areas: (if so, please explain)

___ Digging	___ Jumping	___ Does not listen	___ Shy
___ Chewing	___ Aggression	___ Housebreaking	___ Barking at noises
___ Pulls leash	___ Mouthing	___ Running away	Other _____

Has your dog ever growled or snapped at anyone who has taken his/her food or toys away from him/her? (Y/N)

What were the circumstances? _____

Has your dog ever shared his/her food or toys with other animals? _____

Does your dog play with other dogs? _____

Has your dog ever had any formal obedience training? (Y/N)

If yes, when and where? _____

What commands does your dog know? _____

Other comments about your dog which you feel we need to know and which might be helpful: _____

For office use only:

Assessment Conducted By: _____

Date: _____

Assessment Notes:
