



# Rocky's Retreat

## Boarding / Daycare

### General Intake Form

Date: \_\_\_/\_\_\_/\_\_\_

Owner/Guardian \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Work \_\_\_\_\_ Cell Phone \_\_\_\_\_

Email Address \_\_\_\_\_

How long have you had your dog? \_\_\_\_\_

Where did you get your dog? Breeder  Shelter  Other (describe) \_\_\_\_\_

Number of people (including children) in your household? \_\_\_\_\_ Number of other dogs? \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Telephone Number \_\_\_\_\_

Who else is authorized to pick up your dog? (Note: photo ID required for pickup.)

Name \_\_\_\_\_ Telephone Number \_\_\_\_\_

How did you hear about us? \_\_\_\_\_

#### CANINE INFORMATION

Name: \_\_\_\_\_ Breed: \_\_\_\_\_ Age: \_\_\_\_\_ Sex:  M  F

Color/Markings: \_\_\_\_\_ Weight: \_\_\_\_\_ Housebroken?  Yes  No

Date of Birth: \_\_\_/\_\_\_/\_\_\_ Spayed/Neutered?  Yes  No Date of Spay/Neuter \_\_\_\_\_  
mm day year

#### MEDICAL INFORMATION/HISTORY

Vet Type	Provider Name	Telephone Number
Primary Vet		
Orthopedic Vet		
Chiropractor		
Acupuncturist		
Other		

**Health History – Past & Present** (please include medical problems and physical ailments if applicable).

\_\_\_\_\_

\_\_\_\_\_

Please list any medications and/or supplements you currently give your dog.

Medication/Supplement	How Often	Reason

**VACCINATION / MEDICAL PREVENTION HISTORY**

**Vaccination History**

Rabies                     **Yes**    **No**                    Date: \_\_\_/\_\_\_/\_\_\_  
 Parvo / Distemper    **Yes**    **No**                    Date: \_\_\_/\_\_\_/\_\_\_  
 Bordatella              **Yes**    **No**                    Date: \_\_\_/\_\_\_/\_\_\_  
 Canine Influenza      **Yes**    **No**                    Date: \_\_\_/\_\_\_/\_\_\_

**Test History**

Heartworm               **Yes**    **No**   Date: \_\_\_/\_\_\_/\_\_\_      Result:  **Positive**    **Negative**  
 Fecal exam              **Yes**    **No**   Date: \_\_\_/\_\_\_/\_\_\_      Result:  **Positive**    **Negative**  
 Other \_\_\_\_\_       **Yes**    **No**   Date: \_\_\_/\_\_\_/\_\_\_      Result:  **Positive**    **Negative**

If any result is positive, please describe, including treatment. \_\_\_\_\_

Heartworm preventative medication: \_\_\_\_\_

Flea and tick control medication: \_\_\_\_\_

    If topical, date of last application: \_\_\_/\_\_\_/\_\_\_

Does your dog have problems with bowel and/or bladder control?  **Yes**    **No**   If yes, please describe.

Does your dog have any allergies?  **Yes**    **No**   If yes, please describe. \_\_\_\_\_

Does your dog have any sensitive areas on his/her body?  **Yes**    **No**   If yes, please describe.

What is your experience with dogs? \_\_\_\_\_

Why did you choose this breed and this dog? \_\_\_\_\_

Is your dog microchipped?  **Yes**    **No**   If yes, chip ID number \_\_\_\_\_

Has your dog been socialized with other dogs and people?  **Yes**    **No**

When is your dog happiest? \_\_\_\_\_

Does your dog regularly play with other dogs?  **Yes**  **No** If yes, where? \_\_\_\_\_

Does your dog prefer certain sexes of dogs?  **Yes**  **No** If yes, which sex? \_\_\_\_\_

Does your dog routinely fear or dislike any other type of dog (for example, big dogs)?  **Yes**  **No**

If yes, please explain. \_\_\_\_\_

How does your dog react to puppies? \_\_\_\_\_

Describe your dog's personality (for example, easy going, playful, dominant, needy, goofy, laid back, etc).  
\_\_\_\_\_

What is your dog's reaction to other dogs? Please check all that apply.

- |  |  |   |  |
|--|--|---|--|
| <input type="checkbox"/> <b>Submissive/Shy</b> | <input type="checkbox"/> <b>Fearful</b>  | <input type="checkbox"/> <b>Relaxed/Calm</b>    | <input type="checkbox"/> <b>Dominant</b>               |
| <input type="checkbox"/> <b>Nervous</b>        | <input type="checkbox"/> <b>Cautious</b> | <input type="checkbox"/> <b>Always friendly</b> | <input type="checkbox"/> <b>Friendly once familiar</b> |
| <input type="checkbox"/> <b>Hyper/Busy</b>     | <input type="checkbox"/> <b>Playful</b>  | <input type="checkbox"/> <b>Aggressive</b>      | <input type="checkbox"/> <b>Unpredictable/Unruly</b>   |

Please provide additional information if applicable. \_\_\_\_\_

How does your dog react when meeting new dogs? \_\_\_\_\_

What is your dog's reaction to other dogs when:

Approached by a new dog while on leash? \_\_\_\_\_

Approached by a new dog while off leash? \_\_\_\_\_

Does your dog fear or dislike any of the following?

- |  |   |  |   |
|--|---|--|---|
| <input type="checkbox"/> <b>Men</b>            | <input type="checkbox"/> <b>Women</b>       | <input type="checkbox"/> <b>Children</b> | <input type="checkbox"/> <b>Hats</b>            |
| <input type="checkbox"/> <b>Uniforms</b>       | <input type="checkbox"/> <b>Shoes</b>       | <input type="checkbox"/> <b>Canes</b>    | <input type="checkbox"/> <b>Vacuum cleaners</b> |
| <input type="checkbox"/> <b>Walking sticks</b> | <input type="checkbox"/> <b>Cars/Trucks</b> | <input type="checkbox"/> <b>Bicycles</b> | <input type="checkbox"/> <b>Other</b>           |

Please provide additional information if applicable. What is his/her reaction in to any/all of these?  
\_\_\_\_\_

How does your dog react to strangers? Please check all that apply.

- |  |  |   |  |
|--|--|---|--|
| <input type="checkbox"/> <b>Submissive/Shy</b> | <input type="checkbox"/> <b>Fearful</b>  | <input type="checkbox"/> <b>Relaxed/Calm</b>    | <input type="checkbox"/> <b>Dominant</b>               |
| <input type="checkbox"/> <b>Nervous</b>        | <input type="checkbox"/> <b>Cautious</b> | <input type="checkbox"/> <b>Always friendly</b> | <input type="checkbox"/> <b>Friendly once familiar</b> |
| <input type="checkbox"/> <b>Hyper/Busy</b>     | <input type="checkbox"/> <b>Playful</b>  | <input type="checkbox"/> <b>Aggressive</b>      | <input type="checkbox"/> <b>Unpredictable/Unruly</b>   |

Please provide additional information if applicable. \_\_\_\_\_

Does your dog have a strong prey drive?  **Yes**  **No**

If yes, explain behavior. \_\_\_\_\_

Does your dog mount other dogs?  **Yes**  **No**

Does your dog pee when excited or when submissive?  **Yes**  **No** If yes, which? \_\_\_\_\_

Are there any specific types of people, dogs, animals, or situations your dog dislikes?  **Yes**  **No**

If yes, please describe. \_\_\_\_\_

Does your dog ever growl, glare, bare teeth, snap, lunge at, bark, get nervous, resist, bite, or act in any other inappropriate way toward people or dogs under any of the following situations? If yes, please check all that apply.

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> when eating          | <input type="checkbox"/> when playing      | <input type="checkbox"/> when chewing on a toy          |
| <input type="checkbox"/> when disciplined     | <input type="checkbox"/> when people visit | <input type="checkbox"/> when approached while sleeping |
| <input type="checkbox"/> when touched         | <input type="checkbox"/> when hugged       | <input type="checkbox"/> when put in a crate            |
| <input type="checkbox"/> during nail trimming | <input type="checkbox"/> when bathed       | <input type="checkbox"/> when grabbing the collar       |
| <input type="checkbox"/> meeting a new dog    | <input type="checkbox"/> at a dog park     | <input type="checkbox"/> other                          |

Please provide additional information if applicable. \_\_\_\_\_

\_\_\_\_\_

Has your dog ever shown any inappropriate behavior (such as growling, lunging, snapping, biting, etc.) toward other dogs or people?  Yes  No

If yes, please describe. \_\_\_\_\_

\_\_\_\_\_

What family member is your dog most fond of? \_\_\_\_\_

What is your dog's reaction to family members touching, playing with, petting, hugging, etc. him/her?

\_\_\_\_\_

\_\_\_\_\_

What is your dog's typical reaction to being handled by strangers (such as groomers)? \_\_\_\_\_

\_\_\_\_\_

Has your dog ever been in a fight with another dog?  Yes  No

If yes, please describe. \_\_\_\_\_

\_\_\_\_\_

Has your dog participated in any training classes or private obedience lessons?  Yes  No

If yes, please list: \_\_\_\_\_

Does your dog know his/her name?  Yes  No

Does your dog know any of the following verbal commands? Please check all that apply.

- |                               |                                   |                                  |                                |                               |                                  |                                |
|-------------------------------|-----------------------------------|----------------------------------|--------------------------------|-------------------------------|----------------------------------|--------------------------------|
| <input type="checkbox"/> Sit  | <input type="checkbox"/> Stay     | <input type="checkbox"/> Down    | <input type="checkbox"/> Stand | <input type="checkbox"/> Come | <input type="checkbox"/> No      | <input type="checkbox"/> Heel  |
| <input type="checkbox"/> Wait | <input type="checkbox"/> Leave it | <input type="checkbox"/> Drop it | <input type="checkbox"/> Fetch | <input type="checkbox"/> Stop | <input type="checkbox"/> Find it | <input type="checkbox"/> Other |

If other, please list: \_\_\_\_\_

How often does your dog obey verbal commands?  Always  Mostly  Sometimes  Never

If sometimes or never, please explain: \_\_\_\_\_

Please describe your dog's general attitude and response to training. \_\_\_\_\_

\_\_\_\_\_

Does your dog come when called?  Always  Mostly  Sometimes  Never

What toys (if any) does your dog like to play with? \_\_\_\_\_

How does your dog walk on leash (for example, calm, by my side, pulls, need to use a prong collar, etc)?

Does your dog like to play with other dogs?  **Yes**  **No**

If yes, what size/type dog does your dog normally play with? \_\_\_\_\_

What do you consider your dog's play style? What types of behavior does your dog exhibit when playing?

Please check all that apply.

**Rowdy**    **High energy**    **Bully**    **Humper**    **Chaser**    **Tackler**  
 **Vocal**    **Cooperative**    **Wrestler**    **Laid back**    **Doesn't care**    **Other**

If applicable, please provide details. \_\_\_\_\_

What do you consider your dog's most undesirable behavior? \_\_\_\_\_

When did you first notice this behavior? \_\_\_\_\_

Rank the severity of the behavior?    **Mild**    **Moderate**    **Severe**

How often does the behavior occur?    **Rarely**    **Occasionally**    **Frequently**

Has there been a recent change in frequency or severity?  **Yes**  **No**

If yes, please describe: \_\_\_\_\_

What triggers the behavior? \_\_\_\_\_

What have you done so far to correct the behavior? \_\_\_\_\_

Why do you think your dog is exhibiting this behavior? \_\_\_\_\_

Does your dog jump on people?  **Yes**  **No**

If yes, when and how often? \_\_\_\_\_

Does your dog bark excessively?  **Yes**  **No**

If yes, please describe circumstances. \_\_\_\_\_

Is your dog an "escape artist," either by digging under or jumping fences?  **Yes**  **No**

If yes, please describe (include fence height if applicable). \_\_\_\_\_

Is your dog a "recreational digger?"  **Yes**  **No**

Does your dog try to run away if he/she gets out?  **Yes**  **No**

Does your dog exhibit destructive behavior (scratching, chewing furniture, shoes, etc)?  **Yes**  **No**

If yes, please describe. \_\_\_\_\_

Does your dog have any inappropriate guarding tendencies (not letting other dogs/humans near) with:

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> <b>food</b>      | <input type="checkbox"/> <b>toys</b>              | <input type="checkbox"/> <b>a bed</b>                  |
| <input type="checkbox"/> <b>furniture</b> | <input type="checkbox"/> <b>other dogs</b>        | <input type="checkbox"/> <b>people (including you)</b> |
| <input type="checkbox"/> <b>dog poop</b>  | <input type="checkbox"/> <b>spots in the home</b> | <input type="checkbox"/> <b>other</b>                  |

Describe "other" and describe how your dog reacts when another dog/human approaches. \_\_\_\_\_

\_\_\_\_\_

Does your dog have any problems with inappropriate elimination or stool eating?  **Yes**  **No**

If yes, please describe. \_\_\_\_\_

Does your dog chase cars, people, or other dogs?  **Yes**  **No**

If yes, please describe. \_\_\_\_\_

Does your dog chase small animals such as squirrels, cats, rodents, etc?  **Yes**  **No**

Has your dog ever killed any animals?  **Yes**  **No**

If yes, please describe. \_\_\_\_\_

Does your dog like to be petted?  **Yes**  **No** If yes, where? \_\_\_\_\_

Any areas your dog doesn't like to be touched?  **Yes**  **No** If yes, where? \_\_\_\_\_

Does your dog have separation anxiety?  **Yes**  **No**

If yes, please describe what happens when you're away. \_\_\_\_\_

\_\_\_\_\_

Describe your dog's behavior when you return home for the day. \_\_\_\_\_

\_\_\_\_\_

Is your dog crate trained?  **Yes**  **No**

Is your dog crated when you're not home?  **Yes**  **No** If yes, how many hours on average? \_\_\_\_\_

Is your dog afraid of noises (such as thunderstorms)?  **Yes**  **No**

If yes, please describe reaction. \_\_\_\_\_

What happens if your dog is surprised? \_\_\_\_\_

What is your dog's normal activity level?  **Low**  **Average**  **High**  **Excessive**

What type and how much exercise does your dog routinely get? \_\_\_\_\_

\_\_\_\_\_

Does your dog have any physical limitations or impairments such as, but not limited to, vision, hearing, dysplasia, arthritis, etc?  **Yes**  **No**

If yes, please describe. \_\_\_\_\_

Are there any health, medical, or other restrictions that limit your dog's activity?  **Yes**  **No**

If yes, please describe. \_\_\_\_\_

Does your dog have any dietary restrictions?  **Yes**  **No** If yes, what? \_\_\_\_\_

Does your dog have any special needs or considerations?  **Yes**  **No** If yes, please describe.

Has your dog ever been in a similar facility, for example daycare or boarding?  **Yes**  **No**

If yes,

What is the business name / location? \_\_\_\_\_

How did your dog react? \_\_\_\_\_

What sort of play/games does your dog enjoy most?

**Fetch/Retrieve**

**Chase**

**Tug of War**

**Other**

If other, please list \_\_\_\_\_

What are your fitness goals for your dog? \_\_\_\_\_

What training activities would you like the staff to work on with your dog?

What are your hopes for your dog while at our facility? \_\_\_\_\_

Is your dog food motivated?  **Yes**  **No**

Does your dog have a tendency to eat too fast?  **Yes**  **No**

If yes, is it OK to give treats (grain free, or vegetables) during workout sessions?  **Yes**  **No**

When is your dog fed? Please check all that apply.  **Morning**  **Evening**  **Lunchtime**

Please tell us what we need to do to feed your dog correctly, for example, the extras added to food (such as water, or canned to dry kibble, and how much), etc.

When is your dog given treats? Please check all that apply.  **Morning**  **Evening**  **Lunchtime**

How much? \_\_\_\_\_

How many times per day is your dog taken out for walks and potty breaks? \_\_\_\_\_

Is there any additional information not covered in this intake form that we need to know about your dog?

## Rocky's Retreat Boarding / Daycare Medical Release Form

The safety and well-being of your dog is our Number One priority. It is a responsibility we take very seriously. We do our best to have our dog parents screen for pre-existing health conditions but some factors may be beyond our control.

In the event your dog becomes ill or injured while in our care, our staff will initiate appropriate action until you or your agent (Emergency Contact) can be reached. You (the dog owner/guardian) give consent and authority to Rocky's Retreat, Inc., and Agents to provide or obtain medical treatment for your pet. Only essential medical treatment will be administered. You agree that you are responsible for any and all costs incurred by Rocky's Retreat, Inc. for the care of your dog. Rocky's Retreat, Inc., and all Agents assume no liability for any injury or illness to your dog.

Your signature acknowledges you are filling out this form to the best of your knowledge and agree to the above.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_