



Rocky's Retreat Boarding/Daycare Intake Form

(please complete entire 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? _____

DOG 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

Health History – Past & Present: (please include medical problems, surgeries, and physical limitations and ailments, if applicable).

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

If yes, please describe. _____

Type of heartworm preventative medication: _____

Date last given: ____/____/____

Type of flea and tick control medication: _____

Date last given: ____/____/____

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

Does your dog have any allergies, especially to food? **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 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.

- | | | | | | |
|---------------------------------------|---|--|---|--|---|
| <input type="checkbox"/> Rowdy | <input type="checkbox"/> High energy | <input type="checkbox"/> Bully | <input type="checkbox"/> Humper | <input type="checkbox"/> Chaser | <input type="checkbox"/> Tackler |
| <input type="checkbox"/> Vocal | <input type="checkbox"/> Cooperative | <input type="checkbox"/> Wrestler | <input type="checkbox"/> Laid back | <input type="checkbox"/> Doesn't care | <input type="checkbox"/> Other |

If applicable, please provide details. _____

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 general reaction to other dogs? Please check all that apply.

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

Please provide additional information if applicable.

How does your dog react when meeting new dogs off leash?

What is your dog's reaction to other dogs when approached by a new dog while on leash?

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

If yes, please describe. _____

Does your dog fear or dislike any of the following?

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

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

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? _____

Does your dog ever growl, glare, bare teeth, snap, lunge at, bark, get nervous, resist, bite, or act in any other inappropriate way or display any other inappropriate behavior 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 grabbed by the collar |
| <input type="checkbox"/> meeting a new dog | <input type="checkbox"/> at a dog park | <input type="checkbox"/> other |

If yes to any of the above, please provide additional information. Is it people, other dogs, or both?

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)?

Is your dog housebroken? Yes No

Does your dog object to having his/her nails trimmed? Yes No

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)?

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).

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

If "yes" to any, describe how your dog reacts.

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 your dog's behavior.

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 loud 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 special needs or considerations? **Yes** **No** If yes, please describe.

Has your dog ever been in a similar facility, for 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 _____

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

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

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

Is it OK to give treats (grain free, or vegetables) during workout or training sessions? **Yes** **No**

Does your dog have any dietary restrictions? **Yes** **No**

If yes, what? _____

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

Feeding Instructions

Please give us **detailed** instructions on how to feed your dog, including how much per serving, what if anything is added to the meal, etc. (For daycare dogs – complete this section only if we will be serving your dog a meal during the day.)

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

If Other, please tell us when. _____

What type of food do you feed (e.g. kibble, canned, etc)? _____

How much per serving: _____

Additives (such as water, yogurt, etc.) _____

Additional instructions for feeding (such as “free feed”, “mix well”, “add supplements to dinner”, etc):

If your dog isn't eating well is it OK to add things like yogurt, chicken broth, sardines, etc. to his/her food to entice them to eat? **Yes** **No**

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

When is your dog given treats, if any? Please check all that apply.

Morning **Evening** **Lunchtime** **Whenever** **Other**

If Other, please tell us when. _____

What type of treats? _____

How much at one time? _____

Please read and sign the Medical Release Form.

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

Signed: _____

Date: ____/____/____

Printed Name: _____