



Daycare and Day Training Intake Form

(one form per dog please)

Human Name: _____

Phone: _____

Email: _____

Address: _____

City: _____ State _____ Zip _____

Emergency Contact: _____

Phone: _____

Email: _____

We care for you dog as if it were our own. At Grace Dog Training & Behavior, we are gentle, fair, positive but not permissive. We ask that you share our boundaries and rules with us, so that we can support your training and manners expected from your family dog.

Dog Information:

Dog's Name: _____ Age: _____

Breed: _____ How long have you had your dog? _____

Dog's Sex:

Spayed Female Unaltered Female Neutered Male Unaltered Male

Why are you bringing your dog to Daycare? _____

Has your dog ever been to a dog park?

Yes No

Has your dog ever been to a doggy daycare?

Yes No

Current level of activity, please explain: _____



Have you done any previous training with your dog?

Yes No

Please explain: _____
(Classes, Private training, Board & Train, etc.)

| Commonly Used Cues: | Behavior Expected with Given Cue: |
|---------------------|-----------------------------------|
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |

How does your dog like to play? _____
(Does your dog love tennis balls, frisbees, playing tug, playing with toys, etc.)

Tell us about your dog's traits and personality: _____

Please describe any behaviors or quirks we should be aware of (head-shy, pulling on leash, doesn't like paws touched, etc.) : _____

Has your dog ever been swimming?

Yes No

Has your dog ever been hiking?

Yes No

Has your dog ever guarded any of the following?

Food Drinking Water Toys People

Dog Friend Space Other _____



Veterinarian Information:

Practitioners Name: _____

Website: _____

Phone: _____

Email: _____

Address: _____

Favorite petting spot(s): _____

Soreness: _____

Sensitivities: _____

Miscellaneous:

Are your dog's ID Tags on a secure collar?

Yes No

Are your dog's ID Tags Current?

Yes No

Is your dog Microchipped?

Yes No

If yes, is the microchip current?

Yes No

Does your dog have any fears?

Yes No

If yes, please list and describe your dog's fears: _____

Are you able to pick up and drop off your dog?

Yes No

Are you able to bring a crate for your dog to breaks in?

Yes No

