



# Lombard Doggy

## DAYCARE

### For Office Use Only

#### Temperament Test Appointment

Date: \_\_\_\_\_ Time: \_\_\_\_\_ Admit/Sorry \_\_\_\_\_ Attendants: \_\_\_\_\_

**All Temperament Evaluation will be conducted at our daycare facility at 1848 Lombard Street, SF, CA 94103**

#### **Owner Information:**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Best phone #: \_\_\_\_\_ Email: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_ Emergency Phone: \_\_\_\_\_

Others authorized to pick up my dog: \_\_\_\_\_

#### **Veterinarian Information:**

Name/Hospital: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

#### **Doggie Personal Profile:**

Dog's Name: \_\_\_\_\_ Breed: \_\_\_\_\_

Birthday (MM/DD/YY): \_\_\_\_\_ Age: \_\_\_\_\_ Weight: \_\_\_\_\_ Color: \_\_\_\_\_

Gender:  Male  Female Spayed/Neutered:  Yes  No If no, when is it scheduled? \_\_\_\_\_

**Flea Program:**  K9 Advantix  Frontline Plus  Trifexis Others: \_\_\_\_\_

Has your dog ever been to daycare or boarding?  Yes  No Where? \_\_\_\_\_

How long have you had your dog? \_\_\_\_\_ Where did you get your dog? \_\_\_\_\_

Has your dog ever growled at someone?  Yes  No If yes, please describe: \_\_\_\_\_

Has your dog ever bitten someone?  Yes  No If yes, please describe: \_\_\_\_\_

Has your dog ever climbed or jumped over a fence?  Yes  No How high? \_\_\_\_\_

Has your dog ever been in a fight with another dog?  Yes  No If yes, please describe \_\_\_\_\_



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### Health & Grooming:

Does your dog have any health problems that require special attention?  Yes  No

If yes, what restrictions need to be placed on your dog's activities?

No Jumping  No Running  No Hard Play. Others: \_\_\_\_\_

Does your dog have any allergies?

Peanut Butter  Treats  Chicken  Shampoo. Others: \_\_\_\_\_

Does your dog have any areas on their body that they do not like to be touched?  Yes  No

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

### Behavior Profile (choose all that apply):

<input type="checkbox"/> Quiet	<input type="checkbox"/> Shy	<input type="checkbox"/> Friendly	<input type="checkbox"/> Noisy	<input type="checkbox"/> Energetic
<input type="checkbox"/> Digger	<input type="checkbox"/> Jumper	<input type="checkbox"/> Escapist	<input type="checkbox"/> Submissive	<input type="checkbox"/> Destructive
<input type="checkbox"/> Fence Climber	<input type="checkbox"/> People Aggressive	<input type="checkbox"/> Dog Aggressive	<input type="checkbox"/> Toy Possessive	<input type="checkbox"/> POOP Eater
<input type="checkbox"/> Food Possessive	<input type="checkbox"/> Eats Foreign Objects	<input type="checkbox"/> Separation anxiety	<input type="checkbox"/> Excessive Barker	<input type="checkbox"/> Whiner
<input type="checkbox"/> Leash Aggression	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Other: \_\_\_\_\_

### Behavior at Play with Others (choose all that apply):

<input type="checkbox"/> Rough Player	<input type="checkbox"/> Gentle Player	<input type="checkbox"/> Vocal Player	<input type="checkbox"/> Likes Any Dog	<input type="checkbox"/> Fetch
<input type="checkbox"/> Submissive Prefers	<input type="checkbox"/> Not Interested	<input type="checkbox"/> Fearful Humps	<input type="checkbox"/> Food Possessive	<input type="checkbox"/> Dog Aggressive
<input type="checkbox"/> Better With Opposite Sex	<input type="checkbox"/> Prefers Big Dogs	<input type="checkbox"/> Toy Possessive	<input type="checkbox"/> Small Dogs Likes to	<input type="checkbox"/> Dislikes Other Dogs

Other: \_\_\_\_\_

### How does your dog interact with:

<input type="checkbox"/> Big Dogs	<input type="checkbox"/> Does Well	<input type="checkbox"/> Doesn't Do Well	<input type="checkbox"/> Doesn't Care
<input type="checkbox"/> Small Dogs	<input type="checkbox"/> Does Well	<input type="checkbox"/> Doesn't Do Well	<input type="checkbox"/> Doesn't Care
<input type="checkbox"/> Older Dogs	<input type="checkbox"/> Does Well	<input type="checkbox"/> Doesn't Do Well	<input type="checkbox"/> Doesn't Care
<input type="checkbox"/> Puppies	<input type="checkbox"/> Does Well	<input type="checkbox"/> Doesn't Do Well	<input type="checkbox"/> Doesn't Care

\*Crate training:  Yes  No

\*Kennel Training:  Yes  No

How did you hear about us?  Google  Yelp  Friend  Walk-by

Other (please specify): \_\_\_\_\_