

PET QUESTIONNAIRE



Pet's Name: _____

Owner's Name: _____

Date: _____

General:

Has your pet have any diagnosed medical conditions? [ex: Allergies (skin/food/seasonal), Heart/Respiratory/Kidney disease, Diabetes, Seizures, Cancer, Blind/Deaf]

If yes, please explain: _____

Where did you get your pet? [ex: Rescue, Shelter, Pet Store] _____

How old was your pet when you got them? _____

How long has your pet been in the family? _____

How does your pet react when meeting new people? _____

Is your pet afraid of anything specific? [ex: Thunder, Lawn Equipment, Hats/Masks, Men/Women]

If yes, please explain: _____

Is your pet protective or reactive/aggressive over food and/or toys? _____

Has your pet ever shown aggression towards people or other animals?

If yes, please explain: _____

Has your pet ever bitten anyone? If yes, please explain: _____

Is there anything else you would like for us to know about your pet? _____

For Multiple Pet Households:

Are your pets protective of each other? _____

Can your pets stay in one enclosure together without conflict? _____

If no, please explain: _____

Can your pets be fed together side by side without conflict? _____

If no, please explain: _____

Will they need to be supervised or separated for meals? _____



Dog Specific:

Has your dog ever climbed over, jumped over, or dug under a fence? _____

Has your dog received any formal obedience training? If yes, tell us about it:

Has your dog ever growled or snapped at people or other animals? If yes, please explain:

Has your dog ever participated in doggy daycare or a dog park elsewhere? If yes, was it indoor, outdoor, or both? Were there any problems or concerns?

What are your primary goals for your dog in our facility? [ex: Daycare, Lodging, or Both? If so, how often?]
