

# Uptown Pup Dog Daycare Application

Owner Name: \_\_\_\_\_ Dog's Name: \_\_\_\_\_ Age: \_\_\_\_\_

1. What motivated you to enroll in daycare? (Circle all that apply) Get doggo out of house  
Exercise Socialization Play Avoid separation anxiety Advice of trainer/vet Other: \_\_\_\_\_

2. Current level of exercise:

Couch Potato Mild Pooch Moderate Pup Superstar Athlete

3. Current level of socialization w/dogs:

None - my dog has never played with other dogs

Minimal - occasionally meets other dogs on leash

Moderate - some off-leash play with family/friend dog(s)

Extensive - regular at dog parks / daycare facilities. If so, which one(s)? \_\_\_\_\_

4. Are there any vet-recommended activity restrictions we should know of?

Jumping Running Hard Play Contact with other dogs Other: \_\_\_\_\_

5. List all food allergies (for treat-giving purposes): \_\_\_\_\_

6. Current level of dog training:

None 1 group class 2+ classes Board & train In-home sessions Trained myself

Name of training facility: \_\_\_\_\_

7. List any obedience cues your dog knows: \_\_\_\_\_

8. Where does your dog stay when home alone?

Inside - loose Inside - in crate Inside - in room Outside - loose Outside - tether

9. Circle any behaviors your pup displays often:

Mouthing Digging Ignoring commands Lots of barking Chewing

Housetraining issues Eating non-food items Separation anxiety Other: \_\_\_\_\_

10. Has your dog jumped a fence, escaped from your home/yard, or escaped from a walk?

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

11. Does anything cause your dog to show signs of fear? \_\_\_\_\_

What do you do to calm him/her? \_\_\_\_\_

(SEE REVERSE)

12. Has your dog experienced any of the following incidents? (Circle any that apply)

Fearful reaction in a group setting

Reactivity to other dog(s): on leash / in home or yard / other

Reactivity to humans when: on leash / in home or yard / other

Incident/altercation at a: dog park / another daycare / on leash / other: \_\_\_\_\_

Growled/snipped when a human or animal removed: food / treats / water / toys / other

Dismissed from prior daycare or social group (If yes, why: \_\_\_\_\_)

13. Has your dog been bitten by another dog? Y/ N

Has he/she bitten another dog or human? Y / N

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

14. What training techniques do you use? (Circle any/all that apply)

Positive-reinforcement   Treats   Praise   Aversive   Dominance-based   Prong/choke collar

Electric collar/fence   Other: \_\_\_\_\_

Please initial the following:

I understand my dog will be given regular breaks, as needed, from daycare play, to prevent stress, injury, overstimulation, exhaustion, etc: \_\_\_\_\_

A dog's feelings about daycare can change at any time, so I understand the evaluation process by Uptown Pup is constantly ongoing, and Uptown management will promptly communicate any concerns to me: \_\_\_\_\_