



**790 Buckeye Access Road • Swannanoa, NC 28778**  
**Boarding: (828) 299-9500 • Playcare and Grooming: (828) 450-4168**

## Playcare Application

*The more we know about the dogs in our care, the better our playgroups will be, so thanks for taking care to fill out this application. (Please submit a separate application for each dog applying.)*

Owner's Name(s): \_\_\_\_\_ Today's Date: \_\_\_\_\_

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

Breed: (If a mix, list two predominant breeds, behavior-wise): \_\_\_\_\_

### **Dog Information**

1a. Current age Years: \_\_\_\_\_ Months: \_\_\_\_\_

1b. How long have you owned your dog? \_\_\_\_\_

2a. Where did you get your dog?

- Newspaper Ad     Breeder     Pet Store     Animal Shelter     Animal  
Rescue Group     Friend     Found As Stray     Other \_\_\_\_\_

2b. What knowledge do you have of your dog's past history? \_\_\_\_\_

3a. Why are you considering our playcare program for your dog? (Check all that apply)

- Play with other dogs     So not home alone     Primary source of exercise or  Additional  
source of exercise     Recommended by other pet professional (trainer, vet, etc.):

Reason: \_\_\_\_\_

- Other \_\_\_\_\_

3b. Does your dog exhibit symptoms of separation anxiety?     No     Yes

4. Which of the following best describes your dog's level socialization with other dogs:

- None –No knowledge of other dog interaction  
 Minimal –On-leash encounters only  
 Moderate –Some off-leash playtime on occasion with visitor's/neighbor's/friend's dog(s)  
 Extensive –Regular visits to dog social events, off-leash dog parks, dog daycare, etc.

5a. Has your dog had any problems previously in an off-leash social environment? (Check all that apply)

- No  
 Yes  
 Altercation or fight at a public dog park  
 Altercation or fight with a neighbor or friend's dog  
 Fearful reaction in a group of dogs



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- Dismissed from a prior dog daycare or social playgroup program (Complete item 5b)
- Other (Please describe): \_\_\_\_\_

5b. (Complete this question only if your dog was dismissed from a prior program.)

What reason(s) were given for your dog's dismissal?

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Check each statement below that applies to the situation that resulted in your dog's dismissal:

- My dog was injured, no medical treatment required
  - My dog was injured and required medical treatment
- Another dog was injured, no medical treatment required
  - Another dog was injured and required medical treatment
- A person was injured, no medical treatment required
  - A person was injured and required medical treatment

Provide any other comments you want us to know about this situation.

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### **Health and Exercise History**

6. Does your dog have any allergies?  No  Yes

If Yes, please explain: \_\_\_\_\_

7. Does your dog have any physical disabilities?  No  Yes

If Yes, please explain disability & cause: \_\_\_\_\_

If Yes, what restrictions need to be placed on your dog's activities or movements?

- No jumping  No running  No hard play  No contact with other dogs
- Other (Please explain): \_\_\_\_\_

8. Does your dog have any medical conditions?  No  Yes

If Yes, please explain: \_\_\_\_\_

If medication is used to control the condition, please provide name and dosage:

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9. Please provide details of your dog's diet:

a. Type (kibble, canned, raw/natural): \_\_\_\_\_

b. Brand (Innova, Iams, Purina, etc.): \_\_\_\_\_



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c. Primary protein source: \_\_\_\_\_  
d. Feeding schedule: \_\_\_\_\_

10a. On what type of surface does your dog generally go to the bathroom? (e.g., grass, mulch, pee pads) \_\_\_\_\_

10b. Does your dog have any bathroom-related issues or concerns?  No  Yes  
If Yes, please explain: \_\_\_\_\_

11a. Does your dog like to be brushed?  No  Yes  
If No, what have you done to make it more enjoyable? \_\_\_\_\_

11.b. How often do you brush or comb your dog's coat? \_\_\_\_\_

11.c. How does your dog react to having his/her nails clipped? \_\_\_\_\_

12. Does your dog have any sensitive areas on his/her body?  No  Yes  
If Yes, where? \_\_\_\_\_

13. Where does your dog like to be petted? \_\_\_\_\_

14a. How frequently is your dog walked outside? \_\_\_\_\_

14b. Is your dog on a leash when walked outside?  No  Yes

15. Do you have a fenced-in yard?  No  Yes  
If Yes, how much time per day does your dog spend there? \_\_\_\_\_

16. Check the box below that best represents your dog's overall level of exercise routine:
- Couch Potato: Spends days sleeping, occasional walks and/or playtime with humans or other dogs
  - Mild Exerciser: Short daily walks and/or regular playtime with human or other dogs
  - Moderate Exerciser: Long or multiple walks daily and/or regular playtime with human or dogs

### **Household Information**

18a. Please provide information on other dogs in household:

<u>Breed</u>	<u>Age</u>	<u>Sex</u>	<u>Spayed or Neutered</u>
1. _____	_____	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. _____	_____	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. _____	_____	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Yes <input type="checkbox"/> No



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4. \_\_\_\_\_  Male  Female  Yes  No  
5. \_\_\_\_\_  Male  Female  Yes  No

18b. Do you have cats?  No  Yes

If Yes, how many? \_\_\_\_\_

If Yes, how does your dog get along with your cat(s)? \_\_\_\_\_

19. How does your dog react to unfamiliar cats he sees on walks? \_\_\_\_\_

20. How does your dog get along with other household animals? \_\_\_\_\_

21. Do any visitors bring their dog(s) to your house?  No  Yes

If Yes, how do they get along? \_\_\_\_\_

22a. Does your dog like children?  No  Yes

22b. How does your dog behave around children? \_\_\_\_\_

\_\_\_\_\_

23. How does your dog react to a stranger coming into your home or yard? \_\_\_\_\_

\_\_\_\_\_

24. Does your dog ever bark or growl at anyone passing outside your home or yard?  No  Yes

If Yes, please explain: \_\_\_\_\_

23. Are there any types and/or breeds of dogs your dog seems to automatically fear or dislike?

No  Yes

If Yes, please explain: \_\_\_\_\_

24. How does your dog react to puppies? \_\_\_\_\_

\_\_\_\_\_

25. How does your dog react to another dog approaching him/her in a park, at the beach, or on a walk? \_\_\_\_\_

Does your answer change if your dog and/or the other dog is on a leash?  No  Yes

If Yes, please explain: \_\_\_\_\_

26. Does your dog play with other dogs?  No  Yes



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If yes, which type?

- Male and females
- Only males
- Only females

If yes, please describe size, breed, & temperament of the other dogs:

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27. What kind of games does your dog play with other dogs? \_\_\_\_\_

28. What kinds of games does your dog play with people? \_\_\_\_\_

29. Has your dog ever shared his/her food or toys with other animals?  No  Yes

If yes, how does your dog react to another dog approaching his/her food or toys?

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30. Which commands does your dog know? (Check all that apply)

- Sit
- Stay
- Down
- Come
- Heel
- Rollover
- Kisses
- High Five
- Other: \_\_\_\_\_

31. How did your dog get his/her obedience training? (Check all that apply)

- Attended one group class
- Attended more than one level of group classes (beginner and intermediate, etc.)
- Dog was sent to a board and train program
- Private sessions in home
- Other: \_\_\_\_\_

32. Which of the following best describes the use of obedience cues with your dog at home?

- Key part of daily communication
- Used when we go on walks or have people over
- Used occasionally to better control behavior
- Rarely used
- Not applicable

33. What kind of a collar do you use to walk your dog?

- Buckle
- Nylon/Chain Choke Collar
- Harness -Leash Clips on Back
- Harness- Front Clip
- Head Collar
- Prong/Pinch
- Other: \_\_\_\_\_



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34. Is your dog's collar effective in keeping him/her under control?  No  Yes

35. Has your dog ever gotten away from someone when out for a walk?  No  Yes

If Yes, please explain circumstances: \_\_\_\_\_  
\_\_\_\_\_

36a. Where does your dog sleep?  Inside the house  Outside the house  Inside/Outside-varies

36b. In which room in the house does your dog sleep? \_\_\_\_\_

36c. Where in the room does your dog sleep?

- Crate  Owner's bed  Dog Cushion/Bed on floor  
 Other: \_\_\_\_\_

37. Has your dog ever jumped up on someone?  No  Yes

If Yes, please explain circumstances: \_\_\_\_\_

38. How does your dog act when you get home at the end of the day? \_\_\_\_\_  
\_\_\_\_\_

39. What does your dog do to show he/she is happy? \_\_\_\_\_  
\_\_\_\_\_

40. What does your dog do to show he/she is upset? \_\_\_\_\_  
\_\_\_\_\_

41. Is your dog allowed on the furniture at home?  No  Yes

42. Does your dog have any problems in any of the following areas? (Check all that apply; if checked, please explain.)

- Mouthing: \_\_\_\_\_  
 Housetraining: \_\_\_\_\_  
 Barking: \_\_\_\_\_  
 Digging: \_\_\_\_\_  
 Ignoring commands: \_\_\_\_\_

43. Does your dog know any tricks?  No  Yes

If Yes, please describe: \_\_\_\_\_



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***Dog Behavior Information***

44. Are there any particular types of people your dog seems to automatically fear or dislike?

No     Yes

If Yes, please describe: \_\_\_\_\_

45. Has your dog ever growled at someone?  No     Yes

If Yes, what were the circumstances and how did you respond? \_\_\_\_\_

\_\_\_\_\_

46. Has your dog ever bitten a person?  No     Yes

If Yes, what were the circumstances and how did you respond? (Please describe injuries, if any.) \_\_\_\_\_

\_\_\_\_\_

47. Has your dog ever bitten another animal?  No     Yes

If Yes, what were the circumstances and how did you respond? (Please describe injuries, if any.) \_\_\_\_\_

\_\_\_\_\_

48. To the best of your knowledge, what does your dog do when you're not at home? (vacuum, watch TV, surf the web...) \_\_\_\_\_

49. Has your dog ever climbed/jumped a fence?  No     Yes

If Yes, what were the circumstances and how high was the fence? \_\_\_\_\_

\_\_\_\_\_

50. Has your dog ever escaped from your house or yard?  No     Yes

If Yes, what were the circumstances? \_\_\_\_\_

\_\_\_\_\_

51. How would you describe the energy level of your dog?     Low     Medium     High

52. Has your dog ever chased or tried to chase a small animal?  No     Yes

If Yes, what were the circumstances? \_\_\_\_\_

\_\_\_\_\_

53. Has your dog ever chased someone (or wanted to) on a skateboard or bicycle?  No     Yes



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If Yes, what were the circumstances? \_\_\_\_\_  
\_\_\_\_\_

54. Is your dog frightened by thunderstorms?  No  Yes

If Yes, describe typical behavior and what specifically helps to relax your dog or calm his/her fear: \_\_\_\_\_  
\_\_\_\_\_

55. Is your dog frightened or nervous around anything else?  No  Yes

If Yes, please explain: \_\_\_\_\_  
\_\_\_\_\_

56. Does your dog play with any toys?  No  Yes

If yes, what kinds of toys does your dog like? \_\_\_\_\_

57. Has your dog ever growled or snapped at a person who has taken food or toys away from him/her?

No  Yes

If Yes, what were the circumstances and how did you respond? \_\_\_\_\_  
\_\_\_\_\_

58. Has your dog ever growled or snapped at another dog who has taken food or toys away from him/her?

No  Yes

If Yes, what were the circumstances and how did you respond? \_\_\_\_\_  
\_\_\_\_\_

59. Have you ever noticed your dog stopping and staring at another animal?

No  Yes If Yes, what were the circumstances? \_\_\_\_\_

60. Other comments or information about your dog that you feel might be helpful to us?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*Thank you for taking the time to complete the application. We look forward to meeting you and your dog on evaluation day. Please contact us if you have any questions on the next steps of the evaluation/admittance process.*