



Daycare Evaluation Information

Thank you for allowing Conejo Valley Veterinary Hospital to care for your pet. To ensure the best possible care, please complete this form fully. We will be happy to answer any questions you may have.

Client Information Date: _____

Client Name : _____	Emergency Contact Name : _____
Phone Number : _____	Emergency Phone Number : _____

Guest Information

Name : _____ Breed/Mix: _____ Color: _____

Gender: _____ Age when spayed/neutered: _____ Approximate Weight: _____

Where did you get your dog? _____ Age when adopted: _____

Length of time your dog has been in your family: _____ Any prior daycare experience? _____

Health Information

Primary Veterinary Hospital : _____ Phone Number: _____

List any Injuries/medical issues: _____ List any known allergies: _____

Can your dog have treats at daycare? _____ Are there any treat restrictions? _____

Describe any medical conditions your dog is currently being treated for: _____

Describe any coughing, sneezing, vomiting, or diarrhea your dog has experienced in the past week: _____

Does your dog experience digestive issues (vomiting after activity, diarrhea in high stress situations, etc.) _____

Does your dog overheat easily? _____

Personality

Types/breeds of dogs your dog does not like: _____

Human apparel your dog does not like (hats, glasses, etc.) : _____

Has your dog ever:

- Growled at a person? If so, please describe: _____
- Snapped at, nipped, or bitten a person? If so, please describe: _____
- Growled at another dog? If so, please describe: _____

Personality Description - Please check the boxes that describe your dog and elaborate below

<input type="checkbox"/> Mellow	<input type="checkbox"/> Protective	<input type="checkbox"/> Timid	<input type="checkbox"/> Alert	<input type="checkbox"/> Possessive	<input type="checkbox"/> Mouthy
<input type="checkbox"/> Calm	<input type="checkbox"/> Sweet	<input type="checkbox"/> Well-behaved	<input type="checkbox"/> Chewer	<input type="checkbox"/> Jealous	<input type="checkbox"/> Playful
<input type="checkbox"/> Shy	<input type="checkbox"/> High Energy	<input type="checkbox"/> Hyper	<input type="checkbox"/> Goofy	<input type="checkbox"/> Fearful	<input type="checkbox"/> Vocal
<input type="checkbox"/> Submissive	<input type="checkbox"/> Dominant	<input type="checkbox"/> Aggressive	<input type="checkbox"/> Affectionate	<input type="checkbox"/> Anxious	
<input type="checkbox"/> Playful	<input type="checkbox"/> Unruly	<input type="checkbox"/> High Strung	<input type="checkbox"/> Stubborn	<input type="checkbox"/> Pushy	

Comments: _____

Play Style with Other Dogs - Please check the boxes that apply to your dog and elaborate below

- Has many dog friends
- Loves to chase
- Can be nippy
- Barky/ Vocal
- Hates being mounted
- Gentle with small dogs
- Likes off-leash parks
- Loves to be chased
- Herds other dogs
- Gets mounted frequently
- Afraid of big dogs
- Likes people better than dogs
- Loves to wrestle
- Loves to fetch
- Guards toys
- Frequently mounts
- Scares small dogs
- Rolls on back and shows belly

Comments: _____

Behaviors - Please check the boxes that describe your dog and elaborate below

- Can be dog aggressive
- Jumps on people
- Eats poop
- Noise phobias
- Barks excessively
- Food aggressive
- Mouthy/nips people
- Destroys toys
- Chews excessively
- Separation anxiety
- Guards food bowl
- Dislikes collar being grabbed
- Has strong prey drive
- Toy possessive
- Does not obey well
- People aggressive
- Mouthy/nips other dogs
- Eats non-food items
- Destroys furniture/bedding
- Growls at strangers
- Jumps fences (how high?)
- Afraid of vacuums
- Escapes
- Kills small critters
- Guards house or yard
- Dislikes being groomed
- Can be handled well
- Fearful (describe fears)
- Urinates/defecates in house

Comments: _____

What are your dog's favorite games/toys? _____

Please provide any additional information that would make your dog's stay with us safer and more enjoyable:

Staff notes and information
