

# Rover's Resort Pre-Assessment Questionnaire

Owner Name: \_\_\_\_\_

Preferred method of contact (circle): Text   Email   Call

Contact info (Email, Phone Number): \_\_\_\_\_

## Dog Information

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

Age: \_\_\_\_\_

Breed: \_\_\_\_\_

Sex:  Male  Female

Spayed/Neutered:  Yes  No

Where did you get your dog?@

- Breeder
- Rescue/Shelter
- Friend/Family
- Other: \_\_\_\_\_

## Crate / Kennel Experience

Does your dog use a kennel/crate?

- Yes  No

How does your dog behave in a kennel/crate?

\_\_\_\_\_

How often does your dog use a kennel/crate?

- Daily
- Weekly
- Occasionally
- Rarely/Never

## **Daycare & Boarding History**

**Has your dog attended daycare before?**

- Yes  No

If yes, please describe their experience:

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**Has your dog been boarded before?**

- Yes  No

If yes, where and how was the experience?

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**Are you interested in:**

- Daycare  
 Boarding  
 Both

**How often do you anticipate using our services?**

- Daily  
 Weekly  
 Monthly  
 Occasionally

## **Social Behavior**

**How does your dog interact with people?**

- Very Friendly  
 Reserved  
 Nervous

Comments:

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**How does your dog interact with other dogs?**

- Very Social  
 Selective  
 Nervous

Comments:

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**Has your dog visited dog parks?**

- Yes  No

If yes, please describe their experiences:

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### **Bite History**

Has your dog ever bitten a person or another dog?

Yes  No

If yes, please explain:

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### **Handling & Touch Sensitivity**

How does your dog respond to the following?

<b>Handling Type</b>	<b>Comfortable</b>	<b>Somewhat Uncomfortable</b>	<b>Uncomfortable</b>
Being touched all over	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Collar grabbing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Being restrained	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Leash handling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Additional comments:

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### **Behavior & Triggers**

Does your dog have any known triggers or fears?

- Thunder/Storms
- Loud Noises
- Strangers
- Other Dogs
- Children
- Resource Guarding
- Separation Anxiety

Please explain:

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**Does your dog exhibit any of the following behaviors?**

- Resource Guarding
- Leash Reactivity
- Escaping / "Escape Artist"
- Excessive Barking
- Mouthiness

Comments:

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**Training**

Has your dog had formal training?

- Yes  No

**How reliable is your dog's recall (comes when called)?**

- Excellent
- Good
- Fair
- Poor

**Known commands:**

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**Play Style**

How would you describe your dog's play style?

- Gentle
- Moderate
- Rough-and-Tumble
- Chases Other Dogs
- Likes Being Chased

Prefers Humans

Independent

Comments:

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**Medical**

**Does your dog have any health conditions, or concerns?**

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**Does your dog take any medications or have any allergies?**

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**Goals & Expectations**

What is the primary reason you are seeking daycare services for your dog?

Exercise

Socialization

Convenience

Energy Outlet

Boarding Needs

Additional comments:

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**Additional Information**

Is there anything else we should know about your dog?

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**Owner Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

