



# "Meet and Greet" Assessment Form

## PLEASE READ AND FILL OUT EVERY SECTION

Owner Name: \_\_\_\_\_ Pet's Name: \_\_\_\_\_

Email Address: \_\_\_\_\_ Primary Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Who else is authorized to pick up your dog? \_\_\_\_\_

Would you like your dog to play with other dogs? Yes or No

Has your dog ever been in a daycare or boarding facility? Yes or No

What are you looking to achieve with bringing them to our facility?

- Better socialization
- Get more acclimated with daycare/boarding settings
- Burn some energy
- Other, please explain: \_\_\_\_\_

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

- None - no knowledge of dog interaction
- Minimal - some on leash interaction, mostly with close family or friends, <5 dogs
- Moderate - some off leash play with a known, small group of dogs (I.E. apartment dog parks or small play dates with friends/family.) <5 dogs
- Extensive - Regular interaction with >5 dogs at dog parks, daycare, etc.

Please describe your dog's activity level as best as possible:

---

Has your dog ever been around dogs that are extremely different in size? (small dogs for large dogs and vice versa.) YES or NO

If yes, do they also get along with dogs of different sizes?

- Yes
- No
- Sometimes, please explain: \_\_\_\_\_

Has your dog ever displayed signs of separation anxiety? (excessive barking, howling, eliminating, destroying things or harming themselves when left alone?) YES OR NO

- Yes, please describe what and in detail:

---

---

**Does your dog like women? Yes or No**

- No, how they react: \_\_\_\_\_

**Does your dog like men? Yes or No**

- No. How do they react:  
\_\_\_\_\_

**Has your dog ever reacted in one of the following ways to another dog?(check all that apply)**

- Shown teeth, growled, barked excessively or snapped at
- Fearful: ran away, cowered, hid or tried to hide
- Chase, tackled, rolled or pinned down (NOT in a playful manner)
- Mounted
- Attacked or bitten
- None of the above
- Other, please explain:  
\_\_\_\_\_

**What about with humans? Yes or No**

- Yes, which one(s): \_\_\_\_\_

**Does your dog guard toys? (Check all that apply)**

- Yes, from people
- Yes, from dogs
- No
- Unsure
- Sometimes

**Does your dog guard food?**

- Yes, from people
- Yes, from dogs
- No
- Unsure
- Sometimes

**Does your dog guard other resources? (people, spaces, etc?) Yes or No**

- Yes, from people. What:  
\_\_\_\_\_
- Yes, from dogs. What:  
\_\_\_\_\_

**Are there any places on your dog's body they DON'T like to be touched? Yes or No**

- Yes:  
\_\_\_\_\_

