"Meet and Greet" Assessment Form



PLEASE READ AND FILL OUT EVERY SECTION

Owner Name:		Pet's	Name:		
Email A	Address:	Primary Phone Number:			
Address:		City:	State:	State: Zip:	
Who e	Ise is authorized to pick up your dog?				
Would	you like your dog to play with other dogs	? Yes or No			
Has yo	our dog ever been in a daycare or boarding	facility? Yes or No			
What	are you looking to achieve with bringir	ng them to our facility?			
0	Better socialization				
0	Get more acclimated with daycare/board	ing settings			
0	Burn some energy				
0	Other, please explain:				
Which	n of the following best describes your d	og's socialization level	with other dogs:		
0	None - no knowledge of dog interaction				
0	Minimal - some on leash interaction, mos	tly with close family or frie	ends, <5 dogs		
0	Moderate - some off leash play with a kno with friends/family.) <5 dogs	own, small group of dogs (I.E. apartment dog parl	ks or small play dates	
0	Extensive - Regular interaction with >5 do	gs at dog parks, daycare, o	etc.		
Please	e describe your dog's activity level as be	est as possible:			

Has you	r dog ever	been	around o	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?

- o Yes
- 0 **No**

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)

- o 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)
- o Mounted
- $\circ \quad \text{Attacked or bitten} \quad$
- $\circ \quad \text{None of the above} \quad$
- 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
- o No
- o Unsure
- Sometimes

Does your dog guard food?

- Yes, from people
- Yes, from dogs
- 0 **No**
- o Unsure
- o 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

o Yes:

Some additional Information about your pet

(Please circle the correct answer for each question listed below)

Separation related behavior

Is your dog prone to:		
Restlessness?	Yes	No
Barking or whining?	Yes	Νο
Chewing or scratching	Yes Yes	No
Jumping or attempting to escape?		No
How do they react to being separated f	rom a si	ibling?
Fear		
Is your pet scared of Fireworks?	Yes	Νο
Is your pet scared of thunderstorms?	Yes	No
If there are any other fears that are not	listed a	above that your pet may have please explain below and how they act:
Does your pet take any medication? Y If so please list the medications name		lo
Does your dog have any medical condi If yes please explain	tions or	r health concerns? Yes or No
Is there anything else you think we sho	ould kno	ow about your dog?
By signing below, I agree that the abov	ve form	is filled out as true to my knowledge, and I've provided College Park

Road Boarding Kennel with as much information as possible.

Owner Signature: _____ Date: _____