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Doggie Day Care Evaluation Form

Owner's Name: _____ Pet's Name: _____

Breed: _____ Age: _____ Sex: _____

Date: _____

How long have you had your dog? _____

Has your dog been in day care before? Yes _____ No _____

If yes, when and how often, and how did he/she behave? _____

Has your dog been socialized with other dogs? Yes _____ No _____

If yes, please describe: _____

Has your dog been socialized with men and women? Yes _____ No _____

If no, please describe: _____

Is your dog reactive with strangers? Yes _____ No _____

If yes, please describe: _____

Has your dog ever bitten a person? Yes _____ No _____

If yes, please describe: _____

Has your dog ever bitten another dog? Yes _____ No _____

If yes, please explain: _____

Does your dog have any habits that we need to be aware of? Yes____ No____
If yes, please describe: _____

Is your dog possessive of such things as food, toys, water, people, other pets, etc.? Yes____ No____
If yes, please describe: _____

Has your dog had any professional training (including puppy classes)? Yes____ No____
If yes, please describe: _____

Has your dog ever been to a dog park? Yes____ No____
If yes, how often, and how did he/she behave? _____

Does your dog know any commands, such as "sit", "come"? Yes____ No____
If yes, please describe: _____

Does your dog have any medical problems that we should be aware of? Yes____ No____
If yes, please describe: _____

FOR OFFICE USE ONLY

Play type: _____ Accepted____ Not a candidate____

Special notes: _____

