



GENERAL INFORMATION

Name: _____

Address: _____ Postal (zip) code: _____

Email: _____

Phone: _____

PET INFORMATION

Pet's name: _____ Date of birth: _____

Weight: _____ Sex:

Male

Female

Neutered/Spayed:

Yes

No

Age neutered/spayed: _____

Any change after neutering/spay? _____

Breed: _____ Color: _____ Age obtained: _____

Where did you obtain this pet? _____

HANDLING

How does the dog react to the following types of handling:

Nail trimming? _____ Ear cleaning? _____

Brushing? _____ Bathing? _____

Rubbing belly? _____ Patting head? _____

Grabbing collar? _____ Being lifted? _____

Rolling over? _____ Teeth brushing? _____

Giving pills? _____ Giving liquid medications? _____

Hugging/kissing? _____

REACTIVITY – indicate how your dog reacts to each of the following (check all that apply)

Familiar dogs on property:

- Calm
- Excited
- Ambivalent
- Fearful
- Friendly
- Aggressive

New dogs off property:

- Calm
- Excited
- Ambivalent
- Fearful
- Friendly
- Aggressive

Strangers arriving indoors:

- Calm
- Excited
- Ambivalent
- Fearful
- Friendly
- Aggressive

Familiar dogs off property:

- Calm
- Excited
- Ambivalent
- Fearful
- Friendly
- Aggressive

Strangers outside on property:

- Calm
- Excited
- Ambivalent
- Fearful
- Friendly
- Aggressive

Thunderstorms/fireworks:

- Calm
- Excited
- Ambivalent
- Fearful
- Friendly
- Aggressive

New dogs on property:

- Calm
- Excited
- Ambivalent
- Fearful
- Friendly
- Aggressive

Strangers off property:

- Calm
- Excited
- Ambivalent
- Fearful
- Friendly
- Aggressive

Other loud noises (e.g., shouting):

- Calm
- Excited
- Ambivalent
- Fearful
- Friendly
- Aggressive

AGGRESSION SCREEN

Has your pet ever displayed any: Threatening displays?

- Yes No

Growling?

- Yes No

Bite attempts?

Yes

No

Bites?

Yes

No

When was the most recent attempt to bite or threaten? _____

If yes, has this problem been entirely resolved?

Yes

No

Situations causing aggression Petting/handling/restraint:

growled

bitten

attempted to bite

no aggression

If yes, describe: _____

Eating food or treats:

growled

bitten

attempted to bite

no aggression

If yes, describe:

Chewing toys/stolen objects:

growled

bitten

attempted to bite

no aggression

If yes, describe:

Waking up:

growled

bitten

attempted to bite

no aggression

If yes, describe:

If there have been no signs of aggression (growl, bite attempts, biting) or if it has been entirely resolved, then proceed to next page

What is the potential for injury:

none/preventable

moderate

Minimal

severe

Is your dog ever aggressive to members of the immediate family?

Yes

No

If yes, who? Describe:

Is your dog ever aggressive to visitors to your home?

Yes

No

Were the people known, strangers, or both? (circle one) Describe: _____

Is your dog aggressive to people when off property?

Yes

No

Were the people known, strangers, or both? (circle one) Describe:

Is there a particular person or type (age, sex, uniforms) that your dog is most likely to threaten or bite? _____

Is there a particular location or situation where aggression is most likely to occur?

Has your dog ever bitten hard enough to break skin or cause injury?

Yes

No

If yes, describe:

Describe situations where your dog barks, threatens, or growls, but does not bite: _____

Does your dog ever display aggression to other animals?

Yes

No

If yes, what animals? Describe aggression:

When your dog threatens or attempts to bite, how do you handle the situation and what is the dog's reaction? _____

After your dog has bitten how do you handle the situation and what is the dog's reaction?

How would you describe your dog's attitude at the time of the aggression? (bold, protective, outgoing, fearful, etc.) _____

How would you describe your dog's expression and postures at the time of aggression? (cowering, ears back, tail tucked, hackles raised, retreating, hiding)

MISCELLANEOUS (please answer any of the following that have not been previously discussed)

Disobedient:

- | | |
|---|--|
| <input type="checkbox"/> Jumps up (owners) | <input type="checkbox"/> Only listens when feels like it |
| <input type="checkbox"/> Jumps up (strangers) | <input type="checkbox"/> Pushy/demanding |
| <input type="checkbox"/> Won't come when called | <input type="checkbox"/> On furniture where not allowed |
| <input type="checkbox"/> Nips/grabs with mouth | <input type="checkbox"/> In rooms where not permitted |

Exploratory:

- | | |
|-------------------------------------|------------------------------------|
| <input type="checkbox"/> Normal | <input type="checkbox"/> Increased |
| <input type="checkbox"/> Infrequent | <input type="checkbox"/> Excessive |

Activity:

- | | |
|--|--|
| <input type="checkbox"/> Normal | <input type="checkbox"/> Restless/won't settle |
| <input type="checkbox"/> Lazy/inactive | <input type="checkbox"/> Highly active |
| | <input type="checkbox"/> Overactive |

Sleep:

- | | |
|------------------------------------|---|
| <input type="checkbox"/> Normal | <input type="checkbox"/> Less frequent |
| <input type="checkbox"/> Increased | <input type="checkbox"/> Restless sleep |
| | <input type="checkbox"/> Night waking |

Stool eating:

- | | |
|------------------------------|-----------------------------|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No |
|------------------------------|-----------------------------|

If yes, own stools & other dogs & cats & other: _____

Garbage raiding:

Yes

No

Food stealing:

Yes

No

Eats non-food items

Yes

No

Licks objects

Yes

No

If yes to any of above, describe: _____

Destructive:

Chewing

Digging

Other:

If yes, describe: _____

Grooming:

Normal grooming

Self-injurious

Excessive grooming/licking

If there is abnormal grooming, describe: _____

Repetitive/compulsive/unusual activity:

Tail chasing

Fly chasing

Sucking

Light chasing

Star gazing

Staring

Other:

If yes to any of above, describe: _____

Chasing:

Yes

No

If yes, describe: _____

Hunting/predation:

Yes

No

If yes, describe: _____

Sexual habits: Masturbation

Yes

No

Mounting

Yes

No

Roaming/running away

Yes

No

Describe any undesirable sexual habits: _____

Vocalization: Barking

Yes

No

Howling

Yes

No

Whining

Yes

No

If yes, describe: _____

Anxiety/fear: Noise sensitivity

Yes

No

If yes, describe: _____

Phobic/excessive fear/panic

Yes

No

If yes, describe: _____

Shyness/timidity (non-aggressive), e.g., ears back, cowering, tail tucked, shaking, retreating, hiding, etc.

Yes

No

If yes, describe any situations not discussed previously where your dog is fearful or overly anxious: _____

How long after exposure to these events is finished does your dog settle down (i.e., back to normal)? _____

Additional problems or comments: _____

Check as many of the following that describe the dog's behavior and habits:

Barks a lot

Playful

Outgoing

Digs

Escapes yard

Fearful

Likes riding in cars

Unruly

Chases cats

Roams

Submissive wetter

Friendly to people

Whines

Chews

- | | | |
|--------------------------------------|---|---|
| <input type="checkbox"/> Reserved | <input type="checkbox"/> Friendly with other dogs | <input type="checkbox"/> Separation anxiety |
| <input type="checkbox"/> Growls | <input type="checkbox"/> Affectionate | <input type="checkbox"/> Likes water/swimming |
| <input type="checkbox"/> hyperactive | <input type="checkbox"/> Fetch | <input type="checkbox"/> Jumps on people |
| <input type="checkbox"/> Shy | <input type="checkbox"/> Likes Treats | |

Will you be picking up your dog from Daycare?

- Yes No

If no, who do you authorize to do so (ID required)? _____

Please review and sign below acknowledging the following:

I stipulate that the information provided is true and accurate; I authorize the release of any medical records of the above animal by and for the animal to Helping Paws. I verify that the above animal has not bitten anyone in the past 30 days and is not under any quarantine or legal adjudication.

Leash: For the safety of our staff, customers, clients, and visitors, all dogs are required to enter and exit the facility on-leash. Remember, your dog may be friendly, but we may have other dogs in the office that have not been assessed yet.

*A copy of current vaccinations and testing must be provided with application.

Payment is due when booking the boarding service online or at drop off. We do not accept checks, cash or card only

Supplies Required:

All Vet records, collar, tags, standard leash

My signature below reflects that I have read and understand the information provided.

Print Name: _____ Signature: _____ Date: _____

Representative of Helping Paws: _____