

# Bone Jour, Inc.

4922 Del Ray Avenue  
Bethesda, MD 20814

## Doggie Daycare Temperament Test Application

We love dogs and we want your dog to love coming to our Doggie Daycare or other social activities. No one knows your dog better than you, so we'd appreciate you taking the time to fill out this application.

The more we know about the dogs in our care, the better our playgroups will be.

Owner's Name(s):	Today's Date:
Address:	
Daytime phone number:	
Emergency contact and number:	
Email:	

## Dog Information

Please submit one application for each dog who you would like to have in Doggie Daycare

Dog's Name:	Breed: If a mix, list two predominant breeds in behavior:
1a. Current age: 1b. How long have you owned your dog? 1c. Is your dog spayed or neutered? <input type="checkbox"/> Yes <input type="checkbox"/> No	
2. Where did you get your dog? <input type="checkbox"/> Animal Shelter <input type="checkbox"/> Animal Rescue group <input type="checkbox"/> Friend/Family <input type="checkbox"/> Breeder <input type="checkbox"/> Pet Store <input type="checkbox"/> Found as stray <input type="checkbox"/> Other: _____	What knowledge do you have of your dog's past history?
3. Why are you considering our daycare program for your dog? (check all that apply) <input type="checkbox"/> Play with other dogs <input type="checkbox"/> So not home alone; check if exhibits <input type="checkbox"/> symptoms of separation anxiety <input type="checkbox"/> Exercise: <input type="checkbox"/> Primary source or <input type="checkbox"/> Additional source of exercise <input type="checkbox"/> Recommended by other pet professional (trainer, vet, etc); Reason: _____ <input type="checkbox"/> Other: _____	
4. Which of the following best describes your dog's level of socialization with other dogs: <input type="checkbox"/> None – No knowledge of other dog interaction <input type="checkbox"/> Minimal – On leash encounters only <input type="checkbox"/> Moderate – Some off-leash playtime on occasion with visitor's/neighbor's/friend's dog(s) <input type="checkbox"/> Extensive – Regular visits to dog social events, off-leash dog parks, dog daycare, etc.	
5a. Has your dog had any problems previously in an off-leash social environment? <input type="checkbox"/> No <input type="checkbox"/> Yes (check all that apply) <input type="checkbox"/> Altercation or fight at a public dog park <input type="checkbox"/> Altercation or fight with a neighbor or friend's dog <input type="checkbox"/> Fearful reaction in a group of dogs	

- Dismissed from a prior dog daycare or social playgroup program (complete item 5b)
- Other (please describe): \_\_\_\_\_

5b. Only complete if you answered yes in 5a that your dog was dismissed from a prior program.

What reason were you given as to why your dog was dismissed?

- My dog was injured, no medical treatment required
- My dog was injured and required medical treatment
- Another dog was injured, no medical treatment required
- Another dog was injured and required medical treatment
- A person was injured, no medical treatment required
- A person was injured and required medical treatment

Provide any other comments you want us to know about this situation: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

6. Please describe your dog's flea/tick control and prevention program: \_\_\_\_\_

**\*\*This is not a requirement to attend Doggie Daycare, we spot check all dogs at check in and use prevention measures in facility**

7. Does your dog have any allergies?  Yes  No

If yes, please explain: \_\_\_\_\_

8. Does your dog have any physical disabilities?  Yes  No

If yes, please explain disability and cause: \_\_\_\_\_

If yes, what restrictions need to be placed on your dog's activities or movements?

- No jumping
- No running
- No hard play
- No contact with other dogs
- Other, please explain: \_\_\_\_\_

9. Does your dog have any medical conditions?  Yes  No

If yes, please explain: \_\_\_\_\_

If medication is used to control the condition, please provide name and dosage: \_\_\_\_\_

10. Provide details about your dog's diet:

- a. type (kibble, canned, raw): \_\_\_\_\_
- b. brand (Purina, Iams, Blue Buffalo, etc.): \_\_\_\_\_
- c. primary protein source: \_\_\_\_\_
- d. feeding schedule: \_\_\_\_\_

11. On what type of surface does your dog generally go to the bathroom (grass, rock, concrete)? \_\_\_\_\_

12. Does your dog have any bathroom-related issues or concerns? \_\_\_\_\_

13a. How often do you brush or comb your dog's coat? \_\_\_\_\_

13b. How does your dog react to having his/her nails clipped? \_\_\_\_\_

13c. Does your dog like to be brushed?  Yes  No

If no, what have you tried to make it more enjoyable? \_\_\_\_\_

14. Does your dog have any sensitive areas on his/her body?  Yes  No

If yes, where? \_\_\_\_\_

15. Where are your dog's favorite petting spots? \_\_\_\_\_

16a. How frequently is your dog walked outside? \_\_\_\_\_

16b. How long are your walks? \_\_\_\_\_

17. Check the box below that best represents your dog's overall level of exercise routine:

- Couch Potato: spends days sleeping, occasional walks and/or playtime with humans or dogs
- Mild Exerciser: short daily walks and/or regular playtime with human or dogs
- Moderate Exerciser: long or multiple walks daily and/or regular playtime with human or dogs
- Athlete: regular jogs/runs and/or regular participation in a dog sport activity such as agility, flyball, frisbee, etc.

### Household Information

18. Complete table with information on other pets in household:

Breed	Age	Sex	Spayed or Neutered
1.		<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Yes <input type="checkbox"/> No
2.		<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Yes <input type="checkbox"/> No
3.		<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Yes <input type="checkbox"/> No
4.		<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have cats? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, how many cats do you have? _____		How does your dog get along with your cats? _____ How does he/she react to unfamiliar cats he/she sees on walks? _____	

19a. Does your dog like children?  Yes  No

19b. How does your dog behave around children?  
\_\_\_\_\_

19c. How does your dog get along with other household animals?  
\_\_\_\_\_

20. Do any visitors bring their dog(s) to your house?  Yes  No

If yes, how do they get along? \_\_\_\_\_

21. How does your dog react to a stranger coming into your home or yard? \_\_\_\_\_

22. Does your dog ever bark or growl at anyone passing outside your home or yard? \_\_\_\_\_

23. Are there any types and/or breeds of dogs your dog seems to automatically fear or dislike?

Yes  No If yes, please explain: \_\_\_\_\_

24. How does your dog react to puppies: \_\_\_\_\_

25. How does your dog react to another dog approaching him/her in a park, at a beach, or on a walk?

a. On leash: \_\_\_\_\_

b. Off leash: \_\_\_\_\_

26. Does your dog play with other dogs?  Yes  No

If yes, which type?

Males and females

Only males

Only females

Please describe size, breed and temperament of the other dogs? \_\_\_\_\_

27. What kinds of games does your dog play with other dogs? \_\_\_\_\_

28. What kinds of games does your dog play with people? \_\_\_\_\_

29. Has your dog ever shared his/her food or toys with other animals?  Yes  No  
 If yes, how does your dog react to another dog approaching his/her food or toys? \_\_\_\_\_

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30. Which commands does your dog know? (please check all that apply)  
 Sit  Stay  Down  Come  Heel  Rollover  Kisses  High five  
 Other: \_\_\_\_\_

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31. How did your dog get his/her obedience training? (please check all that apply)  
 Attended one group class  
 Attended more than one level of group classes (beginner and intermediate, etc.)  
 Dog was sent to a board and train program  
 Private lessons in home  
 Other: \_\_\_\_\_

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32. Which of the following best describes the use of obedience cues with your dog at home?  
 Key part of daily communication  
 Used when we go on walks or have people over  
 Use occasionally to better control behavior  
 Rarely used  
 Not applicable

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33. What kind of collar do you use to walk your dog?  
 Buckle  Nylon/Chain choke collar  Head collar (i.e. gentle leader)  Pinch collar  
 Harness – leash clips on back  Harness – leash clips on front  Other: \_\_\_\_\_

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34. Is it effective in keeping him/her under control? \_\_\_\_\_

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35. Has your dog ever gotten away from someone when out for a walk?  Yes  No  
 If yes, please explain: \_\_\_\_\_

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36. Has your dog ever jumped up on someone?  Yes  No  
 If yes, please explain: \_\_\_\_\_

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37. How does your dog act when you get home at the end of the day? \_\_\_\_\_

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38. What does your dog do to show he/she is happy? \_\_\_\_\_

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39. What does your dog do to show he/she is upset? \_\_\_\_\_

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40. Does your dog have any problems in any of the following areas? If yes, please explain:  
 Mouthing: \_\_\_\_\_  
 Housetraining: \_\_\_\_\_  
 Barking: \_\_\_\_\_  
 Digging: \_\_\_\_\_  
 Ignoring commands: \_\_\_\_\_

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41. Does your dog know any tricks?  Yes  No  
 If yes, please describe: \_\_\_\_\_

**Dog Behavior Information**

42. Are there any particular types of people your dog seems to automatically fear or dislike?  
 Yes  No If yes, please explain: \_\_\_\_\_

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43. Has your dog ever growled at someone?  Yes  No  
 If yes, what were the circumstances and how did you respond? \_\_\_\_\_

<p>44. Has your dog ever bitten a person? <input type="checkbox"/> Yes <input type="checkbox"/> No          If yes, what were the circumstances and how did you respond? Please describe injuries (if any) _____</p>
<p>45. Has your dog ever bitten another animal? <input type="checkbox"/> Yes <input type="checkbox"/> No          If yes, what were the circumstances and how did you respond? Please describe injuries (if any) _____</p>
<p>46. To the best of your knowledge, what does your dog do when you're not home? _____</p>
<p>47. Has your dog ever climbed/jumped a fence? <input type="checkbox"/> Yes <input type="checkbox"/> No          If yes, what were the circumstances? How high was the fence? _____</p>
<p>48. Has your dog ever escaped from your house or yard? <input type="checkbox"/> Yes <input type="checkbox"/> No          If yes, please explain the circumstances: _____</p>
<p>49. How would you describe the energy level of your dog? <input type="checkbox"/> Low <input type="checkbox"/> Medium <input type="checkbox"/> High</p>
<p>50. Has your dog ever chased or tried to chase a small animal? <input type="checkbox"/> Yes <input type="checkbox"/> No          If yes, please explain the circumstances: _____</p>
<p>51. Has your dog ever chased someone (or wanted to) on a skateboard or bicycle? <input type="checkbox"/> Yes <input type="checkbox"/> No          If yes, please explain the circumstances: _____</p>
<p>52. Is your dog frightened by thunderstorms? <input type="checkbox"/> Yes <input type="checkbox"/> No          If yes, describe typical behavior and what specifically helps to relax your dog or calm his/her fear: _____</p>
<p>53. Is your dog frightened or nervous around anything else? <input type="checkbox"/> Yes <input type="checkbox"/> No          If yes, please explain: _____</p>
<p>54. Does your dog play with any toys? <input type="checkbox"/> Yes <input type="checkbox"/> No          If yes, what kind of toys does your dog like? _____</p>
<p>55. Has your dog ever growled or snapped at a person who has taken food or toys away from him/her?  <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, what were the circumstances and how did you respond? _____</p>
<p>56. Has your dog ever growled or snapped at another dog who has taken food or toys away from him/her?  <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, what were the circumstances and how did you respond? _____</p>
<p>57. Have you ever noticed your dog stopping and staring at another animal? <input type="checkbox"/> Yes <input type="checkbox"/> No          If yes, please explain the circumstances: _____</p>
<p>58. Other comments or information about your dog that you feel might be helpful? _____          _____          _____          _____          _____</p>

Thank you for the time you spent completing the application form. We look forward to meeting you and your dog on the scheduled temperament test day. Please contact us if you have any questions on the next steps of the temperament test process.

By submitting this Temperament Test Application, I am requesting that the staff of Bone Jour evaluate and determine, in its sole judgment, whether my pet may be suitable for participating in the Doggie Daycare program and/or other social programs hosted by Bone Jour. I understand, and hereby agree that:

- A. Bone Jour, in order to admit my dog(s) to participate in such social activities, has relied on my representation that my dog is in good health and has not been ill with any communicable disease in the last 30 days, and I agree to inform Bone Jour of any such communicable disease that my pet contracts in the future. Further, my dog has not harmed or shown aggressive or threatening behavior towards any person or any other dog.
- B. I am solely responsible for any harm caused by my dog while it is attending Bone Jour's Doggie Daycare or any other social activities.
- C. Bone Jour and its staff will not be held responsible for any problems that develop, provided reasonable care and precaution are followed, and I hereby release them of any liability of any kind whatsoever arising from my dog's attendance in Doggie Daycare or other social activities.
- D. Any problem that may develop with my dog will be treated as deemed best by staff of Bone Jour in their sole discretion, and that I assume full financial responsibility for any and all expenses involved.
- E. My dog is always on probation and can be excused from the daycare program at any time for good cause, as deemed by Bone Jour's staff; my dog can always be retested in the future if I can demonstrate I have remedied the issue to the best of my ability.

I hereby certify that I have read and understood this agreement. I agree to abide by, and accept, all terms, conditions and statements of this agreement.

Owner Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**THIS SECTION TO BE COMPLETED BY BONE JOUR STAFF**

Received By:

Scheduled By:

Received Date:

Scheduled Date/Time

Front Desk to complete: (please initial)

- Client profile completed
- All vaccines verified
- Scheduled in PetExec
- Scheduled in temperament test schedule book