



The Crate Escape, Too
 5 Green Mountain Drive
 S. Burlington, VT 05403
 865-DOGS (3647)

The Crate Escape, Inc.
 1108 West Main St
 Richmond, VT 05477
 434-6411

www.crateescapevt.com

New Client Questionnaire

For multiple dog owners please complete one questionnaire for each dog.

Owner's Name(s): _____ Date: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

HOME #: _____ WORK #: _____ CELL #: _____

2nd WORK #: _____ 2nd CELL #: _____

Weekday emergency contact information? Day: _____ Eve: _____

Weekend emergency contact information? Day: _____ Eve: _____

E-MAIL Address: _____

Dog Name: _____ Breed: _____ Approx. Date of Birth: _____

Sex: M / F Approx. Weight: _____ Spayed or Neutered Y / N

How did you hear about us?

___ Ad in the newspaper ___ The Burlington Free Press ___ Seven Days ___ The Other Paper
 ___ Shelburne News ___ Charlotte Citizen ___ Other: _____

___ Recommended by someone; name of person who recommended us _____

___ Recommended by a Veterinarian, if so which one _____

___ Radio Ad, if so which station _____

___ Yellow Pages

___ Internet: know our URL (website address)

___ Internet: Search criteria (what you typed in to find

us): _____

___ Other _____

Dog's General Information

Age when spayed/neutered: _____

Age when acquired? _____ Where did you get your dog?

Has your dog ever been to a daycare/boarding facility before? ___ Yes, Name of Facility:

___ No

If so, did the facility have: ___ individual runs with no playtime with other dogs ___ individual runs with some playtime with other dogs ___ all day playtime with other dogs

Was your dog comfortable at the daycare or boarding facility?

Were you happy with the care they provided? If not, please explain:

What is the main reason for bringing your dog to daycare?

Temperament and Socialization

Does your dog like to play with ___ neutered males ___ spayed females ___ both
___ intact males ___ intact females

To what types of social interaction has your dog been exposed? ___ dog parks ___ other daycare facilities

___ dog classes ___ dog friendly trails/areas ___ neighborhood dogs ___ play dates with friend's dogs

Is your dog possessive of any toys, food, or objects? If yes, please explain:

Has your dog ever growled or snapped at anyone taking food or toys away? If yes, please explain:

Has your dog ever shared his/her food, toys, or bedding with other animals? ___ yes ___ no

Has been destructive in the home? If so, please describe the damage done:

What types of toys are your dogs' favorite?

How would you describe your dog's personality?

Would you say your dog is more: ___ dominant or ___ submissive? What behaviors have you seen that may exhibit this?

Are there any specific dogs to which your dog reacts negatively?

___ neutered males ___ spayed females ___ intact males ___ intact females ___ smaller dogs
___ larger dogs ___ hyper dogs ___ puppies ___ specific breed: _____

Has your dog ever bitten another dog? If yes, what were the circumstances under which that occurred?

Has your dog ever bitten a person? If yes, what were the circumstances under which that occurred?

How does your dog react when approached by strangers at home or yard or out in public?

How does your dog respond to other dogs while on a leashed walk?

Training

What is your dog's training history? (please check all that apply)

- No training Trained yourself Puppy Kindergarten
 Basic Obedience Intermediate Obedience Advanced Obedience
 Basic Agility Advanced Agility
 Private Sessions - work specifically on _____
 Other: _____

*Please name the trainer or training facilities your dog has been to for the classes listed above?

Medical / Behavioral

Does your dog have any allergies? If so, please list:

Are there any kinds of food or treats that your dog cannot have?

What BRAND and type of food do you feed your dog?

Does your dog have any medical problems or take any medications? If so, please explain:

Does your dog have any physical problems or disabilities which may affect them when playing with other dogs?

Does your dog need to be periodically rested during the day while at our facility?

Does your dog have any kind of phobias/fears (i.e. thunder, loud sounds, vacuum, etc.)

Does your dog exhibit any problem barking behaviors? If so, what has been effective in quieting them down?

While at home, does your dog follow you from room to room?

How much exercise would you say your dog is getting?

My dog ... (please check all that apply)

Has jumped a fence? Height of fence?

Has dug a hole under a fence & left the area?

Eats his/her own feces?

Eats other dogs' feces?

Mounts other dogs?

Dumps over his/her water bowl?

Plays in his/her water bowl?

Is crate trained?

Eats rocks?

Destroys toys?

Chews on his/her own collar?

Chews on other dog's collars?

Is aggressive with other dogs

Is afraid of water/hose? (Not sure)

Has bitten another dog

Has bitten a person

Doesn't like to be left alone

Has space issues in the presence of other dogs

Is collar shy

Has hip problems

Jumps on people

Has separation anxiety

Is afraid of men

Grooming

Does your dog like to be brushed? Yes / No

Are there any areas where your dog is sensitive to touch? Yes / No (ie. neck, ears, feet)

If yes, what areas:

How does your dog do with nail trims?

Does he or she need to be muzzled when having nails trimmed? Yes / No

Is there anything else that you feel we should be informed of regarding your dog?