

The Crate Escape, Too
1364 Marshall Ave
Williston, VT 05495
802-865-DOGS (3647)



The Crate Escape, Inc.
1108 West Main Street
Richmond, VT 05477
802-434-6411

www.CrateEscapeVT.com

New Client Questionnaire

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

CLIENT GENERAL INFORMATION

Date: _____

Owner's Name(s): _____

Co-Owner's Name(s): _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Owner Phone: HOME #: _____ WORK #: _____ CELL #: _____

Co-Owner Phone: HOME #: _____ WORK #: _____ CELL #: _____

Owner: E-Mail Address: _____

Other Persons who can be contacted regarding an emergency about your dog: _____

Best way to contact you regarding facility notices: _____

How did you hear about us? *Please be specific:*

___ Social Media: ___ Facebook ___ Instagram ___ Yelp

___ Ad in the newspaper: ___ The Williston Observer ___ Seven Days ___ The Times Ink

___ 4 Legs & a Tail Magazine ___ Other: _____

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

___ Recommended by a Veterinarian, if so which one: _____

___ Internet: know our URL (website address)

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

___ Other _____

DOG GENERAL INFORMATION

Dog Name: _____ Breed: _____

Approx. Date of Birth: (MM/DD/YYYY) _____ Gender: MALE / FEMALE Color: _____

Spayed or Neutered: YES / NO If YES, approximate age when spayed/neutered: _____

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

Has your dog ever been to a daycare/boarding facility before? YES / NO

If yes, 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? YES / NO *If no, please explain and state the reasons you want to change facilities:*

TEMPERAMENT AND SOCIALIZATION

Does your dog like to play with:

_____ Neutered Males	_____ Intact Males	_____ Neutered/Spayed Males and Females
_____ Spayed Females	_____ Intact Females	_____ All dogs

To what types of social interaction has your dog been exposed?

_____ dog parks	_____ neighborhood dogs	_____ play dates with friend's dogs
_____ other daycare facilities	_____ dog classes	_____ dog friendly trails/areas
_____ none		

Is your dog possessive of any toys, food, or objects? YES / NO *If yes, please explain:*

Has your dog ever growled or snapped at anyone taking food or toys away? YES / NO *If yes, please explain:*

What types of toys are your dog's favorite?

Has your dog ever shared his/her food, toys, or bedding with other animals? YES / NO

How would you describe your dog's personality?

Would you say your dog is more: DOMINANT / SUBMISSIVE

What behaviors have you seen that may exhibit this?

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

- | | | | |
|--|--------------------------------------|---|---------------------------------------|
| <input type="checkbox"/> Neutered Males | <input type="checkbox"/> Larger dogs | <input type="checkbox"/> Intact Males | <input type="checkbox"/> Puppies |
| <input type="checkbox"/> Spayed Females | <input type="checkbox"/> Hyper dogs | <input type="checkbox"/> Intact Females | <input type="checkbox"/> Smaller dogs |
| <input type="checkbox"/> Specific Breed: _____ | | | |
| <input type="checkbox"/> Other: _____ | | | |

Has your dog ever bitten another dog? YES / NO *If yes, what were the circumstances under which that occurred?*

Has your dog ever bitten a person? YES / NO *If yes, what were the circumstances under which that occurred?*

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

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

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

- | | | |
|---|---|---|
| <input type="checkbox"/> Has jumped a fence. <i>Height of fence</i> _____ | <input type="checkbox"/> Destroys toys | <input type="checkbox"/> Has hip problems |
| <input type="checkbox"/> Has dug a hole under a fence & left the area | <input type="checkbox"/> Chews on his/her own collar | <input type="checkbox"/> Jumps on people |
| <input type="checkbox"/> Eats his/her own feces | <input type="checkbox"/> Chews on other dog's collars | <input type="checkbox"/> Is afraid of men |
| <input type="checkbox"/> Eats other dogs' feces | <input type="checkbox"/> Dumps over his/her water bowl | <input type="checkbox"/> Is collar shy |
| <input type="checkbox"/> Is aggressive with other dogs | <input type="checkbox"/> Plays in his/her water bowl | <input type="checkbox"/> Eats rocks |
| <input type="checkbox"/> Mounts other dogs | <input type="checkbox"/> Doesn't like to be left alone | <input type="checkbox"/> Is crate trained |
| <input type="checkbox"/> Has bitten another dog | <input type="checkbox"/> Has space issues in the presence of other dogs | |
| <input type="checkbox"/> Has bitten a person | <input type="checkbox"/> Has been destructive in the home. <i>If so, please describe the damage done:</i> _____ | |

TRAINING

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

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

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

Are you interested in attending formal training classes in the future? YES / NO *if yes, what for?*

Would you like to be contacted about future training classes held at The Crate Escape? YES / NO

MEDICAL / BEHAVIORAL

Does your dog have any allergies? YES / NO *If so, please list:* _____

Are there any kinds of food or treats that your dog cannot have? YES / NO *If so, please list:* _____

What kind of food do you feed your dog? _____

Does your dog have any medical problems or take any medications? YES / NO *If so, please explain:*

Does your dog have any physical problems or disabilities which may affect them when playing with other dogs? YES / NO *If so, please explain:*

Does your dog need to be periodically rested during the day while at our facility? YES / NO *If so, please explain:*

Has your dog/household/other pets had fleas within the last month? YES / NO *if yes, please explain actions taken to get rid of the fleas:*

What type of flea/tick preventative do you use for your pets? _____

Does your dog have any kind of phobias/fears (i.e. thunder, loud sounds, vacuum, etc.)? YES / NO *If so, please explain:*

Does your dog exhibit any problem barking behaviors? YES / NO *If yes, what has been effective in quieting them down?*

While at home, does your dog follow you from room to room? YES / NO

How much exercise would you say your dog is getting?

GROOMING

Does your dog like to be brushed? YES / NO

Are there any areas where your dog is sensitive to touch? YES / NO *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

FINAL QUESTIONS

What is the primary service you will be using our facility for? DAYCARE / LODGING / GROOMING / TRAINING

What is the main reason for bringing your dog to our facility?

IF DAYCARE IS THE PRIMARY REASON YOU ARE USING OUR FACILITY: What are your main goals in bringing your dog to daycare?

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