

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



www.CrateEscapeVT.com

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

New Client Application

For multiple dog owners please complete one application 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 #: _____

Daytime Contact: Name: _____ Number: _____

Owner: E-Mail Address: _____

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

Best way to contact you regarding facility notices: _____

Please provide the name and number of a local representative who is able to pick-up your dog in the event of an emergency or illness: _____

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

The information gained from the following questions will provide us with information that we can use, along with our own observations, to formulate the best plan for your dog at our facility. The Crate Escape reserves the right to decide the experience that we believe is the safest and healthiest option for your dog. Factors such as play style, stress level, age, health and compatibility are just some of the things we consider when deciding the best experience for each dog.

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: _____

Veterinarian Name: _____ Veterinarian Phone #: _____

Where did you get your dog? _____

How long have you had your dog? _____ **Please note that clients who have recently adopted or purchased a dog should wait a minimum of 3 weeks before filling out an application.

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 dogs' 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 describe your dog as: **Dominant** **Submissive** **Neutral**

What behaviors have you seen that may exhibit this?

Would you describe your dog as: **Playful** **Relaxed** **Anxious**

If anxious, please explain:

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

- Neutered Males Larger dogs Intact Males Puppies
- Spayed Females Hyper dogs Intact Females Smaller dogs
- Specific Breed: _____
- Other: _____

Has your dog ever bitten another dog? YES / NO *If yes, what were the circumstances under which that occurred and did any injuries result? (Please be as detailed as possible.)*

Has your dog ever bitten a person? YES / NO **(Note: If a dog has had aggression issues with people, The Crate Escape may not be able to accommodate the dog for staff safety purposes.)** *If yes, what were the circumstances under which that occurred and did any injuries result? (Please be as detailed as possible.)*

How does your dog react when approached by strangers at home (1)? or in yard (2)? or out in public (3)?

- 1
- 2
- 3

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)

- | | | | |
|---|---|---|---|
| <input type="checkbox"/> No training | <input type="checkbox"/> Puppy Kindergarten | <input type="checkbox"/> Advanced Obedience | <input type="checkbox"/> Advanced Agility |
| <input type="checkbox"/> Trained yourself | <input type="checkbox"/> Basic Obedience | <input type="checkbox"/> Basic Agility | <input type="checkbox"/> Intermediate Obedience |
| <input type="checkbox"/> Private Sessions - work specifically on: _____ | | | |
| <input type="checkbox"/> 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?