

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 Application

*For owners of more than one dog, 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:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

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: Search criteria (what you typed in to find us) \_\_\_\_\_

\_\_\_ Other: \_\_\_\_\_

## Dog General Information

The information gained from the following questions will provide us with insight regarding your dog that we can use, along with our own observations, to formulate the best plan at our facility. Factors such as play style, stress level, age, health and compatibility are just some of the things we consider.

Dog Name: \_\_\_\_\_ Breed or mix of breeds: \_\_\_\_\_

Approx. Date of Birth: (MM/DD/YYYY) \_\_\_\_\_ Gender: MALE / FEMALE

Approx. Weight: \_\_\_\_\_

Color(s): \_\_\_\_\_

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

Veterinarian Name: \_\_\_\_\_ Veterinarian Phone #: \_\_\_\_\_

Where did you get your dog? \_\_\_\_\_

What knowledge do you have of your dog's history? \_\_\_\_\_

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, Name of the facility: \_\_\_\_\_

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? YES / NO / NOT SURE

IF no or not sure, please explain:

Were you happy with the care they provided? YES / NO

If no, please explain the reasons you want to change facilities:

Was your dog dismissed from a dog daycare or other social program: YES / NO

If yes, please state where, when, and why:

IF yes, please provide any additional comments you would like us to know about the situation:

## Behavior, Temperament, and Socialization

What behaviors does your dog exhibit to show he/she is happy?

What behaviors does your dog exhibit to show that he/she is upset?

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

Is your dog ever crated at home? YES / NO

If yes, how do he/she respond?

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

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 had any problems with any dogs while off leash? YES / NO

If yes, please check all that apply:

Altercation or fight at a dog park  
 Altercation or fight with a neighbor or strange dog  
 Altercation or fight with another dog in same household  
 Fearful reaction in a group of dogs  
 Altercation at a dog care or training facility

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. Height of fence _____    | <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 escaped from your house or yard                                 |   |
| <input type="checkbox"/> Has chased or tried to chase a small animal  | <input type="checkbox"/> Has been destructive in the home. If so, please describe the damage |   |

done: \_\_\_\_\_

Does your dog have any problems with:  mouthing  housetraining  digging  ignoring commands  
 charging doors

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

If you had to choose the behavior your dog would exhibit when approached by a dog that appears not friendly, it would be:

Moves away, hides, submissive, whimpers

Barks and holds his/her ground

Shows stress signals

Grumpy, shows teeth

"Gets a look" :please explain: \_\_\_\_\_

Tries to fight

Stares

How often does your dog play with other dogs off leash (outside of home with your own other dogs):

\_\_\_\_\_

When and where was the last time your dog played with other dogs off leash: \_\_\_\_\_

Does your dog like to play with?

Neutered Males

Intact Males

Neutered/Spayed Males and Females

Spayed Females

Intact Females

All dogs

Not sure

Which of the following best describes your dog's level of socialization with other dogs?

None- no knowledge of other dog interaction

Minimal- on leash encounters only

Moderate-some off-leash playtime on occasions with friends' dogs

Extensive-Regular visits to dog friendly social events, off leash dog parks, etc.

Excels-Regular attendance at a dog daycare facility

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

### Play Style and Preferences

What is your dog's usual play style?

Easy going

short games

wrestles

chases

vocal play

moderate

Rough

Nonstop

Body slams

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?

How much exercise would you say your dog is getting?

What kind of games does your dog play with people?

Select an option which best describes your dog's overall level of exercise routine:

Couch potato: Spends the days sleeping, occasional walks and or playtime with humans or dogs

Mild Exerciser: Short daily walks and/or regular playtime with humans or other dogs

Moderate Exerciser: Long or multiple walks daily and/or regular playtime with other dogs

Athlete: Regular jogs/runs or regular participation in dog sports such as agility, flyball, frisbee, dock diving

What commands does your dog know?

Sit

Stay

Come

Down

Heel

Drop It

Wait

Does your dog know any tricks? (If so, please list:)

Are there any commands or tricks that you are currently working on with your dog with which they are not yet proficient?

Are there any tricks or commands that you would like your dog to learn soon?

What motivates your dog?

Food

Toys

Praise

Other:

## 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/ Health

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:* \_\_\_\_\_

Can we give your dog treats? YES / NO

Can we give your dog peanut butter? YES / NO

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? \_\_\_\_\_

Has your dog had any communicable diseases within the past 60 days? YES / NO

Has your dog been around any other dogs that were known to have had a communicable disease in the last 60 days? YES / NO

### 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

*IF DAYCARE IS THE PRIMARY SERVICE YOU ARE USING OUR FACILITY:*

What are your main goals in bringing your dog to daycare? (Please check one or more that apply)

Play with other dogs       So not home alone       To learn to socialize with other dogs       exhibits separation anxiety

dog is destructive at home       dog barks all day       Exercise (primary source)       For additional exercise

Recommended by other pet professional (trainer, vet, etc.):

Please list who: \_\_\_\_\_

Other: \_\_\_\_\_

How often are you looking for your dog to attend daycare at our facility?

once/ week

twice per week

three times per week

every weekday

occasionally as needed

not sure

What days are you able to bring your dog to daycare at our facility?

M      T      W      TH      F      S      Sun

Should we find a day that works particularly well for your dog, are you flexible enough to bring them when suggested? YES/ NO

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