

Daycare Evaluation Form

Staff Use Only
Tester: _____
Test Date: _____
DC Group: A B
Level: 1 2 3
Notes: _____
Office Data Entry: <input type="checkbox"/>

In order for your pet to participate in socialization this form must be completed to the best of your ability in order to better ensure the safety of your pet and all other four-legged guests. Thank you.

Today's Date: _____

Pet's Name (first & last): _____ Breed: _____

Male Female

In Tact Spayed/Neutered Age: _____

How many dogs currently live in your household?

If more than one, does this dog get along with the others? (circle one) Yes No

If no, describe the situations where conflict occurs:

Does this dog get along with other dogs outside the household? (circle one) Yes No

If no, describe the situations where conflict occurs:

Do you visit dog parks with your dog?

How often?

Does your dog seem to socialize well at the dog park? (circle one) Yes No

Please describe any conflicts your dog has been involved in at the dog park:

Has your dog ever been to a daycare before? (circle one) Yes No

Has your dog ever drawn blood on another dog or person? (circle one) Yes No

If yes, was medical attention required? (circle one) Yes No

Please describe the incident:

Using the scale below, how do you think your dog will interact with the other dogs? (circle one):

0 ----- 1 ----- 2 ----- 3 ----- 4 ----- 5 ----- 6 ----- 7 ----- 8 ----- 9 ----- 10
Unsure Fearful Shy Interested Playful Dominant