



STONE MOUNTAIN PET LODGE

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Doggy Day Care / Group Play Application Date of Orientation _____

Pet information

Dog Name _____ Breed _____ Sex: M F Age _____

Spayed (females) Y N Neutered (Males) Y N

Owner Name _____ Phone # _____ Email _____

Where did you get your dog? (Circle one) Breeder Pet Store Rescue Stray Other _____

How long have you had your dog? _____

Can your dog have yogurt? Yes No

Medical Health Information

Does your dog have any allergies? Yes No

If yes, please explain _____

Does your pet have any old or current injuries or health concerns? Yes No

If yes, please explain: _____

Does your pet suffer from any of the following: (circle those that apply)

Seizures Heart Disease/Problems Arthritis Diabetes

Is your pet taking any medications? Yes No

Please list name and reason for medication: _____

Are there ANY restrictions on your pet's movements? Yes No

If yes, please explain: _____

Dog Play History and Behavior

What do you hope your pet will gain by attending a group day care program? Circle all that apply:

Exercise Socialization Fresh air Activity Other _____

Has your dog attended other day care program(s) in the past? Yes No

Name(s) _____

Why is your dog NOT attending that day care any longer? Explain _____

Has your dog had any formal obedience training? Yes No

If yes, what level training have they achieved? Puppy Kindergarten Level 1 Level 2 Level 3

Competition Obedience Canine Good Citizen Certification (CGC)

Is there any PERSON, type of DOG, or SITUATION your dog may have a problem with? Yes No

If yes, please explain _____

Has your dog ever bitten another dog? Yes___ No___

If yes, what were the circumstances? _____

Has your dog bitten a person? Yes___ No___

If yes, when and what were circumstances? _____

Can you take a food item away from your dog without him or her growling? Yes___ No___

Will your dog share toys with other dogs? Yes___ No___

Has your dog ever jumped a fence? Yes___ No___

Is your pet crate trained? Yes___ No___

Has your dog ever been boarded at a pet boarding facility? Yes___ No___

Circle the activity level that best describes your dog:

Low Medium High

Are there areas on your dog's body where you know they do not liked to be touched? Circle all that apply:

Head Collar/Neck Back end Tail Feet/Paws Ears Mouth Other_____

Circle the situations where your dog **may** become unfriendly:

Grabbing collar Petting Touching paws Touching ears Touching tail Around other dogs
Touching while sleeping Touching when eating Playing with toys Inside a crate or kennel

Circle all answers that apply if your dog has unfriendly behavior:

Will bite May bite Growls Snaps Freezes Trembles Backs away Bears teeth

Circle the traits that best describe your dog's personality:

Outgoing Verbally sensitive Pushy Reserved Aggressive Playful Affectionate Mouthy Excitable
Afraid of men Afraid of women Fence jumper Protective Chewer Other_____

Has your dog ever played with another dog before? __Yes __No If yes, what setting? Dog park_____

Littermates_____ Neighbor dog along the fence in the backyard_____ Other_____

Has your dog ever played with a medium sized group of dogs? (3 dogs) __Yes __No

Has your dog ever played with a large group of dogs? (4+ or more) __Yes __No

Has your dog ever played with dogs over 15 pounds? __Yes __No

Has your dog ever played with dogs less than 15 pounds? __Yes __No

What else should we know about our future day care dog? _____
