



PET QUESTIONNAIRE

Today's Date: _____

We love pets and want your pet to love coming to Happy Tails Pet Resort and Spa. No one knows your pet better than you, and we appreciate you taking the time to fill out this application. We know that every pet has a unique personality and be assured, this application is not meant to exclude your pet from the fun! Please complete a separate questionnaire for each pet attending.

Name of Pet: _____ Dog or Cat? _____

Breed: _____
(If a mix, list two predominant breeds in characteristics and behavior.)

Male: _____ Neutered Date: _____ Female: _____ Spayed Date: _____

Weight: _____ Colors: _____

Pet's DOB: _____

Is your pet microchipped? Yes _____ No _____ Microchip ID Code: _____

How long have you owned your pet? _____ Rescue pet? _____

OWNER(S)

Owner's Name: _____

Mailing Address: _____ Zip: _____

Email: _____ Cell: _____

Phone: _____ Work Phone: _____

Second Owner's Name: _____

Mailing Address: _____

Email: _____ Phone Number: _____

Emergency Contact (Someone other than yourself to contact in the event we cannot reach you and who can make medical decisions on your behalf):

Name: _____

Phone Number: _____

Please list anyone besides yourself who may pick-up your pet without specific permission:

Name: _____ Cell: _____

Veterinarian Name: _____

Address: _____

Veterinarian Phone Number: _____ Fax Number: _____

How did you hear about Happy Tails Pet Resort and Spa? _____

PHYSICAL/MEDICAL

Does your pet have any allergies? Yes _____ No _____

If yes, please explain: (food sensitivities, bee sting, shampoos, etc.):

Anaphylactic reaction: Yes _____ No _____

Please describe any skin issues, i.e. open sores _____ hot spots _____ recent surgeries _____

Has your pet had any surgeries? Yes _____ No _____

Type: _____ Location on body: _____ Year: _____

Type: _____ Location on body: _____ Year: _____

Does your pet have any physical disabilities? Yes _____ No _____

If yes, please explain disability and cause: _____

Does our pet have any loose or missing teeth? Yes _____ No _____ Last dental exam: _____

How often do you brush your pet's teeth? _____

Does your pet have Hip Dysplasia? Yes _____ No _____ Left or right side? _____

Does your pet have any back problems? Yes _____ No _____

Does your pet have hearing loss? Yes _____ No _____ Left or right ear? _____

Does your pet have a visual impairment? Yes _____ No _____ Left or right eye? _____

Does your pet have seizures? Yes _____ No _____ If controlled with medication, the name? _____

Does your pet have sore muscles or arthritis? Yes _____ No _____ If yes, location on body: _____

Are there any areas where your pet is sensitive to touch (i.e. neck, ears, feet, back)? Please explain: _____

Flea and tick prevention all year? Yes _____ No _____ Type: _____

Heartworm prevention all year? Yes _____ No _____ Type: _____

Has your pet ever tested positive for Giardia? _____ Approximate date: _____

Within the past week, has your pet displayed any symptoms such as diarrhea, vomiting, bloody urine or bloody stools?

Yes _____ No _____ Please explain: _____

GROOMING

Please explain any skin issues your pet may have with certain shampoos: _____

Has your pet ever had a negative grooming experience? Please Explain: _____

How does your pet react to having his/her nails clipped? _____

Have your pet's dewclaws been removed? Yes _____ No _____

Has your cat been declawed? Front or Back? _____

Does he or she need to be muzzled when having nails trimmed? Yes _____ No _____

Does he or she need to be muzzled during any other salon procedures? Yes _____ No _____

If yes, please explain: _____

Does your pet enjoy being bathed? Yes _____ No _____

FEEDING

Please provide details of your pet's diet:

a. Type (kibble, canned, raw/natural): _____

b. Brand name of food: _____

c. Table scraps? _____

d. Feeding schedule (how often, quantity, free feed):

Quantity A.M. _____ Quantity Lunch _____ Quantity P.M. _____

Free Feed _____ Treats _____

Are there any kinds of food or treats that your pet cannot have (i.e. gluten)? _____

Can we give your pet our grain-free house treats? Yes _____ No _____

Has your pet ever growled or snapped at a person who has taken food away from him/her? Yes _____ No _____

Do your pets from the same household need to be separated to eat? _____

Does your pet eat fast? Yes _____ No _____ Do you use a slow-feed bowl? _____

Does your pet ask to go out? Yes _____ No _____ How does he/she ask? _____

Does your pet have any bathroom related issues or concerns? _____

Is your pet crate trained? _____

BEHAVIOR

Please check all boxes that best describe your pet's temperament:

Laid back _____ Playful _____ Excitable _____ Shy _____ Dominant _____ Aggressive _____ Other _____

How would you describe the energy level of your pet? Low _____ Medium _____ High _____

Is your pet food-driven, toy-driven, or attention-driven? _____

Are there any types and/or breeds of pets your pet seems to automatically fear or dislike? Yes _____ No _____

Please explain: _____

Are there any specific pets to which your pet reacts negatively? neutered males _____ spayed females _____

intact males _____ intact females _____ puppies _____ specific breed _____ specific color _____

How does your pet react to other pets approaching him/her in a park, at the beach, or on a walk?

On leash? _____ Off leash? _____

Does your pet play with other pets? Yes _____ No _____

If yes, which type? males and females _____ only males _____ only females _____

Is your pet a Certified Therapy Pet? Yes _____ No _____ When? _____

If yes, what organization? _____ Do you visit places often? _____

Has your pet ever shared his/her toys with other animals? Yes _____ No _____ If yes, how does your pet

react to another pet approaching his/her toys? _____

Does your pet know any tricks? If yes, please describe. (roll over, get paper, sing, dance, etc.) _____

Is your pet afraid of any specific noise or item? (i.e. thunderstorms, loud sounds, smoke alarm, airplane, vacuum, fireworks, fire, sound of dishwasher, heat from oven door or bbq grill, etc.) Please explain: _____

Does your pet have any nervous habits, i.e. chew nails or paws, fence runner, please explain: _____

Does your pet have any of the following behaviors?

Climb trees _____ Is aggressive with other pets _____ Is afraid of water/hose _____

Has space issues in the presence of other pets _____ Is collar shy _____ Jumps on people _____

Eats his/her own feces _____ Eats other pet's feces _____ Eats cat feces _____ Eats grass _____

Plays in his/her water bowl _____ Gets car sick _____ Eats rocks _____ Counter surfer _____

Destroys toys _____ Destroys other items _____ Chews on his leash _____

Has separation anxiety _____ Is afraid of men/women/children _____ Digging _____

Mounting/humping _____ Pulling on leash _____ Dominance _____

Charging pets or people _____ Escaping/running _____ Other: _____

Does your pet exhibit any barking behaviors? Yes _____ No _____ Explain _____

Please complete table with information on other pets in household.

	Species	Breed	Age	Sex	Neutered or Spayed
1				Male _____ Female _____	Yes _____ No _____
2					
3					

(Species examples: mice, fish, spider, snake, lizard, gerbil, rabbit, turtle, horse, chicken, ferret, bird, pig, other)

How does your pet get along with your other household pets? _____

How does he/she react to unfamiliar dogs he/she sees on walks? _____

Does your pet share his bed with other pets in your home? Yes _____ No _____

Does your pet bicker with other pets in your home? Explain _____

Can your pets be separated? How do they react when separated? _____

Does your pet like children? Yes _____ No _____

Does your pet fear people wearing sunglasses? Yes _____ No _____

Do any visitors bring their pet(s) to your house? Yes _____ No _____ If yes, how do they get along? _____

How does your pet react to a stranger coming into your home or yard? _____

While at home, does your pet follow you from room to room? Yes _____ No _____

Does your pet have stranger or separation anxiety? Yes _____ No _____

Are there any types of people your pet seems to automatically fear or dislike? _____

Has your pet ever bitten a person? If yes, what were the circumstances? _____

To the best of your knowledge, what does your pet do when you are not at home? _____

When alone, does your pet tend to: Chew ____ Dig ____ Bark ____ Cry/Howl ____ Sleep ____ Other _____

Has your pet ever climbed/jumped a fence? If yes, what were the circumstances? Type of fence or enclosure: chain-link, wireless fence, wood, vinyl? _____ Height of this fence: _____

What type of outdoor fencing is your pet accustomed to? _____

Has your pet ever escaped from your house or yard? If yes, please explain the circumstances: _____

Is your pet allowed on the furniture or on someone's bed at home? Yes _____ No _____

Where does your pet sleep? Inside the house _____ Outside the house _____ Inside/Outside-varies _____

ACTIVITY LEVEL

What kind of a collar do you use to walk your pet? Buckle _____ Nylon/Chain Choke Collar _____

Harness – Leash Clips on Back _____ Harness – Front Clip _____ Head Collar _____

Prong/Pinch _____ Other _____

How frequently is your pet walked outside? _____ Length of time you walk? _____

Check the line below that best represents your pet's overall level of exercise routine:

_____ Couch Potato: Spends days sleeping, occasional walks and/or playtime with humans or other pets.

_____ Mild Exerciser: Short daily walks and/or regular playtime with humans or other pets.

_____ Moderate Exerciser: Long or multiple walks daily and/or regular playtime with humans or other pets.

_____ Athlete: Regular jogs/runs and/or regular participation in a pet sport activity such as agility, frisbee, etc.

Does your pet wear booties or a coat when outside? Yes _____ No _____ Sunscreen? Yes _____ No _____

SOCIALIZATION/TRAINING

Which of the following best describes your pet's level of socialization with other pets:

_____ None – No knowledge of other pet interaction.

_____ Minimal – On-leash encounters only.

_____ Moderate – Some off-leash playtime on occasion with visitor's/neighbor's/friend's pet(s).

_____ Extensive – Regular visits to pet social events, off leash pet parks, pet daycare, etc.

To what types of social interaction has your pet been exposed? pet parks _____ pet daycare _____

pet training classes _____ pet friendly trails/areas _____ neighborhood pets _____

play dates with friend's pets _____ shopping in stores _____

Has your pet attended a pet care program in the past? _____

Does your pet currently attend pet daycare or other social play group? _____

If so, please answer the following:

1. Is your pet comfortable at the daycare or boarding facility? Yes _____ No _____

2. How often does your pet attend? _____

Why are you considering our off-leash pet play program for your pet? (check all that apply)

_____ Play with other pets _____ So not home alone _____ Symptoms of separation anxiety? _____ Exercise

_____ Recommended by another pet professional (trainer, Vet, etc.) Reason: _____

Has your pet had any problems previously in an off-leash social environment? No _____ Yes _____

If yes, check all that apply:

_____ Altercation at a public pet park

_____ Altercation with a neighbor or friend's pet

_____ Fearful reaction in a group of pets

_____ Other: _____

Has your pet ever been dismissed from a prior pet daycare or social playgroup program? If yes, what reason were you given as to why your pet was dismissed? _____

Has your pet ever attended a formal training program? If so, please answer the following:

_____ No training _____ Trained yourself _____ Puppy Kindergarten
_____ Basic Obedience _____ Intermediate Obedience _____ Advanced Obedience
_____ Basic Agility _____ Advanced Agility Did your pet finish the class? Yes _____ No _____
_____ Private Sessions – work specifically on: _____

1. Name of the trainer or program: _____
2. Title of Certificate of Completion received: _____
3. Your comments on how your pet did in training: _____

What commands does your pet know? _____ Sit _____ Stay _____ Down _____ Come
_____ Heel _____ Rollover _____ Kisses _____ High Five Other: _____

Which of the following best describes the use of obedience cues with your pet at home?

_____ Key part of daily communication _____ Used only when we go on walks or have people over
_____ Used occasionally to better control behavior _____ Rarely used _____ Not applicable

Other comments or information about your pet that you feel might be helpful? _____

Thank you for the time you have spent completing this application form. We look forward to meeting you and your pet on Meet and Greet day. Please contact us if you have any questions.