



Off- Leash Play Application

We love dogs and want your dog to love coming to our off-leash play yard. No one knows your dog better than you, so we'd appreciate you taking the time to fill out this application. The more we know about your dog the better our play yards will be.

Owner's Name(s) _____ Today's Date: _____

Dog Information

(Please submit one application for each dog who you would like to have in off-leash play.)

Dog's Name: _____ sex: _____ (spayed/neutered). Current age: _____ BREED (if mix, list two predominant breeds in behavior): _____

- 1.) How long have you had your dog? (years): _____ (months): _____
- 2.) Where did you get your dog?
 Newspaper Ad Breeder Pet Store Animal Shelter
 Animal Rescue Group Friend Found as Stray
 Other _____
- 3.) Why are you considering our off-leash play yard for your dog? (check all that apply)
 Play with other dogs So not home alone Exercise Additional source of exercise
 Recommended by other professional (vet, trainer, etc.) Reason: _____
 Other: _____
- 4.) 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 play time on occasion with visitor's/neighbor's/friend's dog(s).
 Extensive- Regular visits to dog events, off- leash dog parks, dog daycare, etc.



- 5.) Has your dog had problems previously in an off- leash social environment?

- No
- Yes (check all that apply)
- Altercation or fight at public dog park.
- Altercation or fight with neighbor or friend's dog.
- Fearful reaction in group of dogs.
- Dismissed from a prior dog daycare or social playgroup program (complete item 5b).
- Other (please describe) _____

5b.) Only complete if you answer yes to 5a that you dog was dismissed from prior program. What reason were you given as to why your dog was dismissed?

Check each statement below that applies to the situation that resulted in your dog's dismissal.

- My dog was injured, no medical treatment required.
- My dog was injured and required medical treatment.
- Another dog was injured, no medical treatment required.
- Another dog was injured and medical treatment required.
- A person was injured, no medical treatment required.
- A person injured and required medical treatment.

Provide any other comments you want us to know about this situation.

Health History

- 6.) Please describe your dog's flea/tick control and prevention program:
- 7.) Does your dog have any allergies?
- 8.) Does your dog have any physical disabilities? Yes No. If yes, please explain disability & cause:

If answered yes, what restrictions need to be place on your dog's activities or movements?

- No jumping No running No hard play Other (please explain)

- 9.) Does your dog have any medical conditions? Yes No. If yes, please explain: If medication is used to control the condition, please provide name and dosage.



- 10.) Provide details of your dog's diet-
 - a. Type (kibble, canned, raw/natural):
 - b. Brand (Purina, Nutro, etc.):
 - c. Feeding schedule:
- 11.) On what type of surface does your dog generally go to the bathroom (grass, mulch, pee pads)?

- 12.) Does your dog have any bathroom- related issues or concerns?
- 13.) Does your dog have any sensitive areas on his/her body? No Yes. If yes, where?
- 14.) Where are your dog's favorite petting spots?
- 15.) How frequently is your dog walked outside?
 a.) How long are the walks?
- 16.) Check the box that best represents your dog's overall level of exercise routine:
 Couch Potato- Spends days sleeping, occasional walks and/or playtime with humans or other dogs.
 Mild Exercise- Short daily walks and/or regular playtime with humans or dogs.
 Moderate Exerciser- Long walks daily and/or regular playtime with humans or dogs.
 Athlete- Regular jogs/runs and/or regular participation in dog sport activity such as agility, flyball, frisbee, etc.

Household Information

- 17.) Complete with information on other pets in household:
- | Breed | Age | Sex | Spayed or Neutered |
|-------|-----|-----|--------------------|
| 1.) | | | |
| 2.) | | | |
| 3.) | | | |
| 4.) | | | |
- 18.) Do you have cats? Yes No
- 19.) Does your dog get along with your cats? Yes No
- 20.) Does your dog like children? Yes No



- 21.) How does your dog behave around children?
- 22.) How does your dog get along with other household animals?
- 23.) Do any visitors bring their dog(s) to your house? Yes No. If yes, how do they get along?
- 24.) How does your dog react to a stranger coming into your home or yard?

25.) Does your dog ever bark or growl at anyone passing outside your home or yard? Yes No. If yes, please explain:

26.) Are there any types and/or breeds of dogs your dog seems to automatically fear or dislike? Yes No. If yes, please describe:

27.) How does your dog react to puppies?

28.) How does your dog react to another dog approaching him/her in a park, at the beach, or on a walk?

a.) On Leash:

b.) Off Leash:

29.) Does your dog play with other dogs? Yes No. If yes, which type?

Male and females

Only males

Only females

Please describe size, breed, & temperament of the other dogs.

30.) What kinds of games does your dog play with other dogs?

31.) What kinds of games does your dog play with people?

32.) Has your dog ever shared his/her food or toys with other animals? Yes No. If yes, how does your dog react to another dog approaching his/her food or toys?

33.) Which commands does your dog know? (please check all that apply)



Sit Stay Down Come Heel Rollover Kisses High Five Other:

34.) How did your dog get his/her obedience training? (Please check all that apply)

Attended one group class

Attended more than one level of group classes (beginner and intermediate, etc.)

Dog was sent to a board and train program

Private sessions in home

Other, please explain:

35.) Which of the following best describes the use of obedience cues with your dog at home?

Key part of daily communication

Used when we go on walks or have people over

- Used occasionally to better control behavior
- Rarely used
- Not applicable

36.) What kind of collar do you use to walk your dog?

- Buckle
- Nylon/Chain Collar
- Harness- Leash Clip on back
- Head Collar
- Prong/Pinch
- Other:

36b.) Is it effective in keeping him/her under control?

37.) Has your dog ever gotten away from someone when out for a walk? Yes No. If yes, please explain circumstances:

38.) Where does your dog sleep?

- Inside the house
- Outside the house
- Inside/outside-varies

38a.) In which room in the house does your dog sleep?

38b.) Where in the room does your dog sleep?

- Crate
- Owner's bed
- Dog Cushion/Bed on floor
- Other (please describe)

39.) Has your dog ever jumped up on someone? Yes No If yes, what were the circumstances:

40.) How does your dog act when you get home at the end of the day?



41.) What does your dog do to show he/she is happy?

42.) What does your dog do to show he/she is upset?

43.) Is your dog allowed on the furniture at home?

44.) Does your dog have any problems in any of the following areas? If yes, please explain.

Mouthing: _____

Housetraining: _____

Barking: _____

Digging: _____

Ignoring commands: _____

45.) Does your dog know any tricks? Yes No. If yes, please describe:

Dog Behavior Information

46.) Are there any particular type of people your dog seems to automatically fear or dislike?

47.) Has your dog ever growled at someone? Yes No. If yes, what were the circumstances and how did you respond?

48.) Has your dog ever bitten a person? Yes No. If yes, what were the circumstances and how did you respond?

49.) Has your dog ever bitten another animal? Yes No. If yes, what were the circumstances and how did you respond?

50.) To the best of your knowledge, what does your dog do when you're not at home?

51.) Has your dog ever jumped/climbed a fence? Yes No. If yes, what were the circumstances? How high was the fence?



52.) Has your dog ever escaped from your house or yard? Yes No. If yes, please explain the circumstance:

53.) How would you describe the energy level of your dog? Low Medium High

54.) Has your dog ever chased or tried to chase a small animal? Yes No. If yes, what were the circumstances?

55.) Has your dog ever chased someone (or wanted to) on a skateboard or bicycle? Yes No. If yes, what were the circumstances?

56.) Is your dog frightened by thunderstorms? Yes No. If yes, describe typical behavior & what specifically helps to relax your dog or calm his/her fear.

57.) Is your dog frightened or nervous around anything else? Yes No. If yes, please explain:

58.) Does your dog play with toys? Yes No. If yes, what kinds of toys does your dog like?

59.) Has your dog ever growled or snapped at a person who has taken food or toys away from him/her? Yes No. If yes, what were the circumstances and how did you respond?

60.) Have you ever noticed your dog stopping and staring at another animal? Yes No. If yes, what were the circumstances?

61.) Other comments or information about your dog that you feel might be helpful?

Thank you for the time you spent completing this application form. We look forward to meeting you and your dog. Processing your application can take up to 72 hours, for approval. However before we can process your application, all of the following must be turn in with this application : our "Registration" Form (If your already registered with us, you don't need to fill out another), our "Indoor Dog Park Acceptance of Risk and Release of Liability" Form (if you and your dog plan on attending our Dog Park)and our "Doggy Daycare" form (if you plan using our Daycare services).Also turn in your dog paper work showing your dog is current on all of his/her vaccinations.