



## Off-Leash Play Application

We love dogs and want your dog to love coming to our off-leash playgroup. No one knows your dog better than you, so we'd appreciate you taking the time to fill out this application. This application is lengthy, but the more we know about the dogs in our care, the better we can provide for their needs, making our playgroups as fun, safe, and as enriching as possible!

Owner's Name(s):	Today's Date:
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### Dog Information

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

Dog's Name:	1a. Current age in Years:      Months: 1b. How long have you owned your dog?
Breed: If a mix, list two predominant breeds in behavior:	
2. Where did you get your dog? <input type="checkbox"/> Newspaper Ad <input type="checkbox"/> Breeder <input type="checkbox"/> Pet Store <input type="checkbox"/> Animal Shelter <input type="checkbox"/> Animal Rescue Group <input type="checkbox"/> Friend <input type="checkbox"/> Found As Stray <input type="checkbox"/> Other:	What knowledge do you have of your dog's past history?
3. Why are you considering our off-leash dog play program for your dog? (Check all that apply) <input type="checkbox"/> To get safe playtime with other dogs <input type="checkbox"/> So they're not home alone Check if: <input type="checkbox"/> Exhibits symptoms of separation anxiety? As Exercise: <input type="checkbox"/> Primary source of exercise <input type="checkbox"/> Additional source of exercise <input type="checkbox"/> Recommended by other pet professional (trainer, vet, etc.) Reason: <input type="checkbox"/> Other:	

4. Which of the following best describes your dog's level socialization with other dogs:

- ☐ None – No knowledge of other dog interaction
- ☐ Minimal – On leash encounters only
- ☐ Moderate – Some off-leash playtime on occasion with visitor's/neighbor's/friend's dog(s)
- ☐ Extensive – Regular visits to dog social events, off-leash dog parks, dog daycare, etc.

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

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

5b. Only complete if you answered yes in 5a that your dog was dismissed from a 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 required medical treatment
- ☐ 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?

- ☐ Yes
- ☐ No

If yes, please explain:

8. Does your dog have any physical disabilities?

- ☐ Yes
- ☐ No

Please explain disability & cause:

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

- ☐ No jumping
- ☐ No running
- ☐ No hard play
- ☐ No contact with other dogs
- ☐ Other (Please explain)

<p>9. Does your dog have any medical conditions?</p> <p><input type="checkbox"/> Yes, condition:</p> <p><input type="checkbox"/> No</p> <p>If medication is used to control the condition, please provide name and dosage:</p> <p>Medication Name:</p> <p>Dosage:</p>	
<p>10. Provide details of your dog's diet.</p> <p>a. Type (kibble, canned, raw/natural):</p> <p>b. Brand (Innova, Iams, Purina, etc.):</p> <p>c. Primary protein source:</p> <p>d. Feeding schedule:</p>	
<p>11. On what type of surface does your dog generally go to the bathroom (e.g., grass, mulch, pee pads)?</p> <p><input type="checkbox"/> Grass    <input type="checkbox"/> Mulch    <input type="checkbox"/> Pee Pads    <input type="checkbox"/> Other, please specify:</p>	
<p>12. Does your dog have any bathroom-related issues or concerns?</p> <p><input type="checkbox"/> Yes, please specify:</p> <p><input type="checkbox"/> No</p>	
<p>13a. How often do you brush or comb your dog's coat?</p> <p><input type="checkbox"/> Weekly    <input type="checkbox"/> Bi-Weekly    <input type="checkbox"/> Monthly    <input type="checkbox"/> Rarely</p>	<p>13b. How does your dog react to having his/her nails clipped?</p> <p>:</p>
<p>13c. Does your dog like to be brushed?</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No - If no, what have you tried to make it more enjoyable? :</p>	
<p>14. Does your dog have any sensitive areas on his/her body?</p> <p><input type="checkbox"/> Yes, if yes, where? :</p> <p><input type="checkbox"/> No</p>	
<p>15. Where are your dog's favorite petting spots?</p> <p>Favorite Spots:</p>	
<p>16a. How frequently is your dog walked outside?</p> <p><input type="checkbox"/> Rarely    <input type="checkbox"/> 1/day    <input type="checkbox"/> 2/day    <input type="checkbox"/> 3/day    <input type="checkbox"/> 4/day    <input type="checkbox"/> 5/day</p>	<p>16b. How long are your walks?</p> <p>Walk Length:</p>
<p>17. Check the box below that best represents your dog's overall level of exercise routine:</p> <p><input type="checkbox"/> <b>Couch Potato</b> (Sleeps often, occasional walks and/or playtime with humans or other dogs.)</p> <p><input type="checkbox"/> <b>Mild Exerciser</b> (Short daily walks and/or regular playtime with human or other dogs.)</p> <p><input type="checkbox"/> <b>Moderate Exerciser</b> (Long or multiple walks daily and/or regular playtime with human or dogs.)</p> <p><input type="checkbox"/> <b>Athlete</b> (Regular jogs/runs and/or regular participation in a dog sport activity.)</p>	

## Household Information

18. Complete table with information on other pets in household:

Breed	Age	Sex	Spayed or Neutered
1:		<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Yes <input type="checkbox"/> No
2:		<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Yes <input type="checkbox"/> No
3:		<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Yes <input type="checkbox"/> No
4:		<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have cats? <input type="checkbox"/> Yes If yes, how many cats do you have? <input type="checkbox"/> No		How does your dog get along with your cats? : How does he react to unfamiliar cats he sees on walks? :	

19a. Does your dog like children? <input type="checkbox"/> Yes <input type="checkbox"/> No	
19b. How does your dog behave around children? :	19c. How does your dog get along with other household animals? :
20. Do any visitors bring their dog(s) to your house? <input type="checkbox"/> Yes If yes, how do they get along? <input type="checkbox"/> No	
21. How does your dog react to a stranger coming into your home or yard? :	
22. Does your dog ever bark or growl at anyone passing outside your home or yard? <input type="checkbox"/> Yes If yes, please explain: <input type="checkbox"/> No	
23. Are there any types and/or breeds of dogs your dog seems to automatically fear or dislike? <input type="checkbox"/> Yes If yes, please describe: <input type="checkbox"/> No	
24. How does your dog react to puppies? :	

25. 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:

26. 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:

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

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

29. 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?

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

☐ Sit ☐ Stay ☐ Down ☐ Come ☐ Heel ☐ Rollover ☐ Kisses ☐ High Five ☐ Other:

31. 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 class (beginner, intermediate etc.)

☐ Dog was sent to a board and train program

☐ Private sessions in home

☐ Other, please explain:

32. 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

33. What kind of a collar do you use to walk your dog?

- ☐ Buckle
- ☐ Nylon/Chain Choke Collar
- ☐ Harness – Leash Clips on Back
- ☐ Harness – Front Clip
- ☐ Head Collar
- ☐ Prong/Pinch
- ☐ Other:

34. Is it effective in keeping him/her under control?

- ☐ Yes
- ☐ No

35. Has your dog ever gotten away from someone when out for a walk?

- ☐ Yes
- ☐ No

If yes, please explain circumstances:

36a. Where does your dog sleep?

- ☐ Inside the house
- ☐ Outside the house
- ☐ Inside/Outside-varies

36b. In which room in the house does your dog sleep?

:

36c. Where in the room does your dog sleep?

- ☐ Crate
- ☐ Owner's bed
- ☐ Dog Cushion/Bed on floor
- ☐ Other, Please describe:

37. Has your dog ever jumped up on someone?

- ☐ Yes
- ☐ No

If yes, what were the circumstances?

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

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

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

41. Is your dog allowed on the furniture at home?

- ☐ Yes
- ☐ No

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

- ☐ Mouthing \_\_\_\_\_
- ☐ Housetraining: \_\_\_\_\_
- ☐ Barking: \_\_\_\_\_
- ☐ Digging: \_\_\_\_\_
- ☐ Ignoring commands: \_\_\_\_\_

43. Does your dog know any tricks? If yes, please describe.

- ☐ Yes
- ☐ No

### **Dog Behavior Information**

44. Are there any particular types of people your dog seems to automatically fear or dislike?

45. Has your dog ever growled at someone?

- ☐ Yes
- ☐ No

If yes, what were the circumstances and how did you respond? :

46. Has your dog ever bitten a person?

- ☐ Yes
- ☐ No

If yes, what were the circumstances and how did you respond? Please describe injuries (if any.)

47. Has your dog ever bitten another animal?

- ☐ Yes
- ☐ No

If yes, what were the circumstances and how did you respond? Please describe any injuries (if any.)

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

49. Has your dog ever climbed/jumped a fence?

- ☐ Yes
- ☐ No

If yes, what were the circumstances? How high was the fence?

:

50. Has your dog ever escaped from your house or yard?

- ☐ Yes
- ☐ No

If yes, please explain the circumstances:

51. How would you describe the energy level of your dog?

- ☐ Low
- ☐ Medium
- ☐ High

52. Has your dog ever chased or tried to chase a small animal?

- ☐ Yes
- ☐ No

If yes, what were the circumstances:

53. Has your dog ever chased someone (or wanted to) on a skateboard or bicycle?

- ☐ Yes
- ☐ No

If yes, what were the circumstances:

54. 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.  
:

55. Is your dog frightened or nervous around anything else?

- ☐ Yes
- ☐ No

If yes, please explain:

56. Does your dog play with any toys?

- ☐ Yes
- ☐ No

If yes, what kinds of toys does your dog like:

57. 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?  
:

58. Has your dog ever growled or snapped at another dog who has taken food or toys away from him/her?

- ☐ Yes
- ☐ No

If yes, what were the circumstances and how did you respond?

59. Have you ever noticed your dog stopping and staring at another animal?

- ☐ Yes
- ☐ No

If yes, what were the circumstances?



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

Thank you for the time you spent completing the application form. We look forward to meeting you and your dog on evaluation day. Please contact us with any questions about the next steps of the evaluation process.

## **Rules and Regulations**

### **INJURIES & ILLNESS**

At Sterling K-9 Retreat, we strive to provide your dog with excellent care and a fun experience during their stay. Although animals are supervised at all times, injuries can still occur while dogs are playing together such as scratches, cuts or sprained joints. Such injuries are rare, but they happen at all doggie daycares. In addition, while infrequent, dogs can get into fights, even under close supervision. Common areas for bites as a result of these fights are the snout, ears, tuft of the neck and paws. At Sterling we have procedures to screen dogs for aggressive behavior and we do not allow aggressive dogs to play with other dogs. However, even the friendliest of dogs can get into fights with very little or no warning. In addition to injuries, it is possible for dogs to transfer illness such as upper respiratory infections and kennel cough, even with the required vaccinations and boosters. This is just like at a daycare for children where illness such as pink eye and the flu can be transferred from one child to another. Such illnesses do not occur often, and all dogs must have the necessary vaccinations to check-in.

### **REQUIRED VACCINES**

DAPP (DHPP) Vaccine  
Rabies Vaccine  
Leptospirosis Vaccine  
Bordetella Vaccine  
Canine Influenza Virus Vaccine

### **AGE & GENDER**

Dogs of all ages are allowed at Sterling as long as they meet the facility's criteria of vaccinations. All dogs participating in doggie daycare must be spayed or neutered if over 7 months of age.

### **ABANDONMENT OF ANIMALS**

I understand if I do not pick up my dog by 2 days after the agreed upon pick up date, a certified letter will be sent regarding the animal's abandonment. Should the animal not be removed within the specified time I, the client, hereby relinquish all claims to my animal, but shall not relieve me of my contractual liability of any treatment, boarding or care furnished.

## PHOTOGRAPH RELEASE

I understand that photographs, video or digital recordings are taken of the facility, pets, customers and staff on a regular basis for, among other things, use in advertising by Sterling. I acknowledge that all such images, together with prints and copyrights, therein are the property of Sterling and give Sterling my consent, permission, and authorization, without compensation to me, to use, reproduce, and alter the images, in print and electronic format (including the Internet), either alone or in combination with other texts and graphics. I waive my right to approve the finished photograph, advertising copy, print material or electronic files that may be used in conjunction with the images.

## WAIVER

1. I agree that Sterling will not be liable for any claims of injury, illness, damage or death to my dog during its stay and that under no circumstances will Sterling be liable for consequential damages.
2. I certify that I have informed Sterling of all dog and human aggression. I agree that I am responsible for any harm caused by my dog while in the care of Sterling. I shall indemnify Sterling against any claims made against it or for losses or damages suffered by Sterling as a result of my dog.
3. I understand that, in the event my dog appears to be ill or at significant risk of experiencing a medical problem, Sterling will attempt to contact me for instructions prior to seeking veterinary care. If I cannot be reached, I agree that Sterling may use its reasonable discretion in seeking veterinary care on my behalf and I will be responsible for all related expenses. I understand that Sterling will attempt to use my preferred veterinarian, but if my preferred veterinarian is unavailable or other circumstances mandate, I authorize Sterling k-9 Retreat, LLC to use the veterinarians of its choice. I agree that Sterling will not be liable for the actions and decisions of the veterinarian. I also agree to be responsible for any reasonable fees assessed by Sterling for emergency care and transportation.
4. I authorize my veterinarian to share the medical records of my dog with Sterling and other veterinarians. I assume full responsibility for payment of all veterinary services rendered, including, but not limited to, diagnosis, treatment, necessary grooming, medical supplies, transportation and boarding. I agree to make such payments directly to the attending veterinarian or reimburse Sterling if direct payment cannot be made.

This agreement and waiver is valid from the date below and grants permission for future veterinary care without the need for additional authorization each time Sterling cares for one or more of my dogs.

**Print Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

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