



6719 Lowell Avenue, McLean, VA 22101  
Phone: 703-356-5582 Fax: 703-893-2441  
E-mail: info@odahcenter.com  
Website: www.capitolcanineclub.com

## Doggie Day Care Evaluation Form

Owner's Name: \_\_\_\_\_ Pet's Name: \_\_\_\_\_

Breed: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: \_\_\_\_\_

Date: \_\_\_\_\_

How long have you had your dog? \_\_\_\_\_

Has your dog been in day care before? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, when and how often, and how did he/she behave? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Has your dog been socialized with other dogs? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please describe: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Has your dog been socialized with men and women? Yes \_\_\_\_\_ No \_\_\_\_\_

If no, please describe: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Is your dog reactive with strangers? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please describe: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Has your dog ever bitten a person? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please describe: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Has your dog ever bitten another dog? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please explain: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Does your dog have any habits that we need to be aware of? Yes\_\_\_\_ No\_\_\_\_  
If yes, please describe: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Is your dog possessive of such things as food, toys, water, people, other pets, etc.? Yes\_\_\_\_ No\_\_\_\_  
If yes, please describe: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Has your dog had any professional training (including puppy classes)? Yes\_\_\_\_ No\_\_\_\_  
If yes, please describe: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Has your dog ever been to a dog park? Yes\_\_\_\_ No\_\_\_\_  
If yes, how often, and how did he/she behave? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Does your dog know any commands, such as "sit", "come"? Yes\_\_\_\_ No\_\_\_\_  
If yes, please describe: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Does your dog have any medical problems that we should be aware of? Yes\_\_\_\_ No\_\_\_\_  
If yes, please describe: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**FOR OFFICE USE ONLY**

Play type: \_\_\_\_\_ Accepted\_\_\_\_ Not a candidate\_\_\_\_

Special notes: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_