



GROOMIN N ROOMIN KENNELS

130 MERIDEN ROAD
MIDDLEFIELD, CT 06455
(860) 346-1242



Doggie Daycare Rules

- We will need you to fill out one of our behavior questionnaires. This allows us to find out more information about your dog(s).
- All dogs must be up to date on all their vaccines to enter our daycare facilities (*DHLPP, Rabies and Bordetella*.) **We also require proof of a clean fecal exam every 6 months.** If we *do not* have proof of up to date vaccines/ clean fecal exam, we will not accept your dog into our facility until records are delivered.
 - If your dog's fecal exam results come back positive for *any* internal parasites (i.e. any worms, coccidia, or Giardia) they will not be allowed to attend daycare until they complete treatment and you bring proof of a clean fecal exam to us.
- If your dog is showing any signs of illness, contagious or otherwise, please do not bring him/her to daycare.
- Your dog(s) will need to **schedule** a one on one interview with our staff to see if your dog(s) are eligible for daycare.
 - Your dog(s) will then be tested to see how well he/she interacts with the other dogs.
 - This will determine whether or not your dog(s) can participate in our Doggie Daycare. Not all dogs will pass the initial evaluation; this is at our discretion for the safety and well-being of both your dog as well as the other dogs; daycare is not always a suitable environment for some dogs, and passing the evaluation does not guarantee your dog will be permitted to attend daycare if his/her behavior changes.
- For the safety of the other dogs, we cannot accept an aggressive dog. If your dog begins to exhibit aggressive behavior towards the staff or other dogs while at our Daycare, we will have to put your dog(s) in a time-out and inform you about the incident. If he/she continues the behavior, he/she will not be able to come back.
- If you wish for your dog(s) to be fed while here, you must bring your own food. We can offer them treats throughout their stay upon your request.
- You are not allowed to bring your dog's favorite toys or things to daycare, and we will provide comfy beds and blankets for them to lie on.
- At this point we do not require reservations for daycare attendance. We will notify our clients if this policy changes.
 - (In the case that reservations become a requirement) should your plans change and you will not be dropping your dog(s) off at our daycare we ask for a 48 hour advance notice. After the third "No Show" you will lose your spot.

DOGGIE DAYCARE QUESTIONNAIRE

PLEASE PRINT – CIRCLE ANSWER – FOR MORE THAN ONE DOG PLEASE SPECIFY

Date: _____

Name: _____

Address: _____

City : _____ Zip Code: _____

Home Phone: () _____ Cell Phone: () _____

Work Phone: () _____ Best Number to Reach: H C W

Emergency Contacts

Name/Relationship: _____ / _____ Phone: _____

Name/Relationship: _____ / _____ Phone: _____

Dog Information

Name: _____ Breed: _____

Sex: M / F Spayed/Neutered? Yes No Color: _____ DOB: _____

Name: _____ Breed: _____

Sex: M / F Spayed/Neutered? Yes No Color: _____ DOB: _____

Name: _____ Breed: _____

Sex: M / F Spayed/Neutered? Yes No Color: _____ DOB: _____

Veterinarian Information

Vet Office: _____ Phone: _____

How did you hear about us?

BEHAVIOR QUESTIONNAIRE

Dog's Name: _____

Is your dog housebroken? **YES** **NO**

How does your dog act around new people? _____

How does your dog act around people he/she knows? _____

Is your dog protective of his/her house or yard? **YES** **NO**

Has your dog attended basic obedience training? **YES** **NO**

Does your dog know any commands? (Like Sit, Stay, Down, Leave It, Stop, etc...) **YES** **NO**

If so what? _____

Does your dog know any tricks? **YES** **NO**

If so what? _____

Does your dog have any other commands that we should know of? **YES** **NO**

If so what? _____

Is your dog frightened by anything? (Like Thunder, Certain People, etc.) **YES** **NO**

If so what? _____

Does anything make your dog especially excited? (Movements, Sounds, Reflections, etc.) **YES** **NO**

If so what? _____

Are there people that your dog automatically likes/dislikes? **YES** **NO**

Likes: _____

Dislikes: _____

Has your dog ever growled or snapped at anyone? **YES** **NO**

If so why? _____

Has your dog ever bitten anyone? **YES NO**

If so, please describe why: _____

Has your dog ever played with another dog? **YES NO**

About how many different dogs, if any, has your dog played with? _____

Is there a type of dog your dog doesn't like to play with? **YES NO**

If so, what? _____

Is there a type of dog your dog loves to play with? **YES NO**

If so, what? _____

How does your dog act when he/she sees another dog?

On Leash: _____

Off Leash: _____

How does your dog act when he/she is approached by another dog?

On Leash: _____

Off Leash: _____

Has your dog ever shared a toy with another dog? **YES NO**

If so, what happened? _____

Has your dog ever shared food with another dog? **YES NO**

If so, what happened? _____

Has your dog ever been in a fight? **YES NO**

If so, please explain the reason/circumstances: _____

Has your dog ever wounded another dog? **YES NO**

How do you discipline your dog? _____

How/where does your dog sleep? _____

Is your dog protective of his/her stuff? **YES NO**

If so, what and how? _____

Does your dog like to play? **YES** **NO**

How does your dog play with you? Describe: _____

Does your dog like to rip up his toys? **YES** **NO**

Does your dog like to chew on stuff that doesn't belong to him/her? **YES** **NO**

How does your dog act around puppies/smaller dogs? _____

What do you feed your dog? _____

How much do you feed him/her? _____

How many times a day? _____ Is the food bowl left out all day? **YES** **NO**

Do you give your dog treats? **YES** **NO**

If so what do you give him/her? _____

Is your dog protective over bones? **YES** **NO**

If so, how? _____

Is your dog protective over food? **YES** **NO**

If so how? _____

Does your dog have any health or medical issues that we should know of? **YES** **NO**

If so, what? _____

Is your dog on any medication? **YES** **NO**

If so, what and please explain dosage/administration details (how much/often/where, etc.): _____

Does your dog like to be picked up? **YES** **NO**

Does your dog have any part of his/her body that he/she doesn't like to be touched? **YES** **NO**

If so, what and why? _____

How does your act while getting his/her nails clipped? _____

Is there any other information that you feel we should know about your dog(s)?
