

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's dog
 - Altercation or fight with a friend's dog
 - Fearful reaction in a group of dogs

 - Dismissed from a prior dog daycare or social playgroup program (complete 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? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain: If medication is used to control the condition, please provide name and 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>12. Does your dog have any bathroom-related issues or concerns?</p>	
<p>13a. How often do you bathe your dog? Describe your dog's reaction to this activity.</p>	<p>13b. How does your dog react to having his/her nails clipped?</p>
<p>13c. Does your dog like to be brushed? <input type="checkbox"/> Yes <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? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, where?</p>	
<p>15. Where are your dog's favorite petting spots?</p>	
<p>16a. How frequently is your dog walked outside?</p>	<p>16b. How long are your walks?</p>
<p>17. Check the box below that best represents your dog's overall level of exercise routine:</p> <p><input type="checkbox"/> Couch Potato: Spends days sleeping, occasional walks and/or playtime with humans or other dogs.</p> <p><input type="checkbox"/> Mild Exerciser: Short daily walks and/or regular playtime with human or other dogs.</p> <p><input type="checkbox"/> Moderate Exerciser: Long or multiple walks daily and/or regular playtime with human or dogs.</p> <p><input type="checkbox"/> Athlete: Regular jogs/runs and/or regular participation in a dog sport activity such as agility, flyball, frisbee, etc.</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
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 pets?	
20. Do any visitors bring their dog(s) to your house? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, how do they get along?			
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 <input type="checkbox"/> No If yes, please explain:			
23. Are there any types and / or breeds of dogs your dog seems to automatically fear or dislike? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please describe:			
24. How does your dog react to puppies?			
25. How does your dog react to another dog approaching him/her in a park or on a walk? a. On Leash: b. Off Leash:			
26. Does your dog play with other dogs? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, which type? <input type="checkbox"/> Male and females <input type="checkbox"/> Only Males <input type="checkbox"/> 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? <input type="checkbox"/> Yes <input type="checkbox"/> 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) <input type="checkbox"/> Sit <input type="checkbox"/> Stay <input type="checkbox"/> Down <input type="checkbox"/> Come <input type="checkbox"/> Heel <input type="checkbox"/> Rollover <input type="checkbox"/> Kisses <input type="checkbox"/> High Five Other: _____	
31. How did your dog get his/her obedience training? (Please check all that apply) <input type="checkbox"/> Attended one group class <input type="checkbox"/> Attended more than one level of group classes (beginner and intermediate, etc.) <input type="checkbox"/> Dog was sent to a board and train program <input type="checkbox"/> Private sessions in home <input type="checkbox"/> Other, please explain:	
32. Which of the following best describes the use of obedience cues with your dog at home? <input type="checkbox"/> Key part of daily communication <input type="checkbox"/> Used when we go on walks or have people over <input type="checkbox"/> Used occasionally to better control behavior <input type="checkbox"/> Rarely used <input type="checkbox"/> N/A	
33. What kind of a collar do you use to walk your dog? <input type="checkbox"/> Buckle <input type="checkbox"/> Nylon/Chain Choke Collar <input type="checkbox"/> Harness - Leash Clips on Back <input type="checkbox"/> Harness — Front Clip <input type="checkbox"/> Head Collar <input type="checkbox"/> Prong/Pinch <input type="checkbox"/> Other:	
34. Is it effective in keeping him/her under control? <input type="checkbox"/> Yes <input type="checkbox"/> No	
35. Has your dog ever gotten away from someone when out for a walk? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain circumstances:	
36a. Where does your dog sleep? <input type="checkbox"/> Inside the house <input type="checkbox"/> Outside the house <input type="checkbox"/> Inside/Outside-varies	
36b. In which room in the house does your dog sleep?	36c. Where in the room does your dog sleep? <input type="checkbox"/> Crate <input type="checkbox"/> Owner's bed <input type="checkbox"/> Dog Cushion/Bed on floor <input type="checkbox"/> Other (Please describe)

37. Has your dog ever jumped up on someone? If yes, what were the circumstances?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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?	<input type="checkbox"/> Yes	<input type="checkbox"/> 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.	<input type="checkbox"/> Yes <input type="checkbox"/> 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? If yes, what were the circumstances and how did you respond?		
<input type="checkbox"/> Yes	<input type="checkbox"/> No	

<p>46. Has your dog ever bitten a person? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, what were the circumstances and how did you respond? Please describe injuries (if any).</p>
<p>47. Has your dog ever bitten another animal? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, what were the circumstances and how did you respond? Please describe any injuries if there were any.</p>
<p>48. To the best of your knowledge, what does your dog do when you're not at home?</p>
<p>49. Has your dog ever climbed/jumped a fence? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, what were the circumstances? How high was the fence?</p>
<p>50. Has your dog ever escaped from your house or yard? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain the circumstances:</p>
<p>51. How would you describe the energy level of your dog? <input type="checkbox"/> Low <input type="checkbox"/> Medium <input type="checkbox"/> High</p>
<p>52. Has your dog ever chased or tried to chase a small animal? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, what were the circumstances?</p>
<p>53. Has your dog ever chased someone (or wanted to) on a skateboard or bicycle? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, what were the circumstances?</p>
<p>54. Is your dog frightened by thunderstorms? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, describe typical behavior & what specifically helps to relax your dog or calm his/her fear.</p>
<p>55. Is your dog frightened or nervous by anything else? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain</p>

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 if you have any questions on the next steps of the evaluation process.

Next Steps,

After completing the application, please return by:

Mail – Lucky Dog Lodge

14449 Hwy 73

Prairieville, La 70769

Email - Customerservice@luckydoglodge.com

Fax – 225-402-4156

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