



For Office Use Only:
Temperament Test Appointment

Date: _____ Time: _____

_____ Admit _____ Sorry

Attendants: _____

All Temperament Evaluation will be conducted at our daycare/boarding facility at 1766 Mission Street, San Francisco, CA 94103.

Owner Information:

Last Name: _____ First Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Best phone #: _____ **Email:** _____

Emergency Contact: _____ Emergency Phone: _____

Others authorized to pick up my dog: _____

Veterinarian Information:

Name/Hospital: _____ Phone: _____

Address: _____

Doggie Personal Profile:

Dog's Name: _____ Breed: _____

Birthday (MM/DD/YY) _____ Age: _____ Weight: _____ Color: _____

Gender: ___ Male ___ Female /////Spayed/Neutered? ___ Yes ___ No If no, when is it
scheduled? _____

Flea Program: _____ K9 Advantix _____ Frontline Plus _____ Trifexis Others: _____

Has your dog ever been to daycare or boarding? ___ Yes ___ No Where? _____

How long have you had your dog? _____ Where did you get your dog? _____

Has your dog ever growled at someone? ___ Yes ___ No If yes, please describe: _____

Has your dog ever bitten someone? ___ Yes ___ No If yes, please describe: _____

Has your dog ever climbed or jumped over a fence? ___ Yes ___ No How high? _____

Has your dog ever been in a fight with another dog? ___ Yes ___ No If yes, please describe _____

Health & Grooming:

Does your dog have any health problems that require special attention? ___Yes___No

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

_____No Jumping _____No Running _____No Hard Play Others: _____

Does your dog have any allergies? ___Peanut Butter ___ Treats ___ Shampoo Other:_____

Does your dog have any areas on their body that they do not like to be touched? ___Yes___No

If yes, please describe which areas: _____

Behavior Profile (choose all that apply):

- Quiet
- Digger
- Fence Climber
- Food Possessive
- LEASH AGGRESSION.
- Shy
- Jumper
- People Aggressive
- Eats Foreign Objects
- Friendly
- Escapist
- Dog Aggressive
- Separation anxiety
- Noisy
- Submissive
- Toy Possessive
- Excessive Barker
- Energetic
- Destructive
- POOP Eater
- Whiner

Other: _____

Behavior at Play with Others (choose all that apply):

- Rough Player
- Submissive
- Prefers Small Dogs
- Likes to Fetch
- Gentle Player
- Not Interested
- Prefers Big Dogs
- Dog Aggressive
- Vocal Player
- Fearful
- Humps Others
- Toy Possessive
- Dislikes Other Dogs
- Likes Any Dog
- Better With Opposite Sex
- Food Possessive

How does your dog interact with:

- | | | | |
|------------|---------------------------------|---------------------------------------|------------------------------------|
| Big Dogs | <input type="radio"/> Does Well | <input type="radio"/> Doesn't Do Well | <input type="radio"/> Doesn't Care |
| Small Dogs | <input type="radio"/> Does Well | <input type="radio"/> Doesn't Do Well | <input type="radio"/> Doesn't Care |
| Older Dogs | <input type="radio"/> Does Well | <input type="radio"/> Doesn't Do Well | <input type="radio"/> Doesn't Care |
| Puppies | <input type="radio"/> Does Well | <input type="radio"/> Doesn't Do Well | <input type="radio"/> Doesn't Care |

*Crate training: YES___ NO___

*Kennel Training: YES___ NO___

Feeding Instructions (for Boarding Clients only):

Breakfast:_____Lunch:_____Dinner:_____

How did you hear about us?_____Google_____Yelp

_____Friend_____Walk-by Other (please specify):