Veterinary Care Center of

RICHMOND Daycamp Evaluation Form

We are very excited to get to know your four-legged friend! Our goal is to provide a fun, safe and healthy experience for your dog! Please provide us with details about your dog's behavior to ensure we select the ideal playgroup and friends for their evaluation!

Your Information				
Name:	Cell:			
Email Address:	Alt. Phone:			
Address:	City:	State:	Zip:	
			· · · ·	
	mergency Contact Information			

	LinerSeney Contact information
Name:	Cell:
Relationship to Dog:	Alt. Phone:

Pet Information					
Name:		Breed:		Age:	
Gender (Circle One):	Male/Neutered	Female/Spayed	Male/Not Neutered	Female/Not Spayed	

If we are not your regular vet, where does your pet receive health care?

Health Information When did you adopt?

Where did you adopt your dog: Please list any medical or physical problems your dog has:

Please list any allergies your dog has:

Can your dog have our dog biscuits?

Tap Water or Specialty Water?

Behavior Information				
Has your dog been to daycare? (Circle One)	Yes	No	Where?	
Describe your dog's experience:				
Played with another dog? (Circle One)	Yes	No		
Describe your dog's experience:				
Is your dog crate trained? (Circle One)	Yes	No	Describe:	
Does your dog guard food? (Circle One)	Yes	No	Does your dog guard toys? (Circle One) Yes No	
Has your dog ever bitten anyone (Circle One): If yes, please describe the incident:	Yes	Νο		

Please share your dog's behavior background. (i.e.: he/she is afraid of men/women, food aggressive, doesn't like being touched, etc...)

History of Social Interactions

Please rate your dogs past social interactions between humans and pets. Honesty is essential for us to ensure safe and positive introductions. Please

Description	Friendly	Nervous	Indifferent	Aggressive
Children				
Men				
Women				
Small Calm Dog				
Medium Calm Dog				
Medium Active Dog				
Large Calm Dog				
Large Active Dog				
XL Calm Dog				
XL Active Dog				