



Orrville Pet Spa & Resort
Doggy Daycare Center
1669 N. Main St.
Orrville, Ohio 44667
(330) 683-3335 1-866-406-OPSR

DAYCARE PERSONALITY PROFILE & RELEASE FORM

General Information

Owners Name: _____

Dog's Name: _____

Breed: _____ Male/Female _____ Spayed/Neutered: YES NO

DOB: MM/DD/YYYY (or date you would like us to celebrate their birthday): _____

How long have you owned your dog? _____

Emergency Name: _____ Contact#: _____

Emergency Name: _____ Contact#: _____

Tell Us about Your Dog

Why are you interested in having your dog participate in Doggie Daycare? Check all that apply.

Play with other dogs Exercise So not home alone - if has separation anxiety please explain: _____

Other _____

What is your dogs level of socialization with other dogs?

None (that you are aware of) Minimal (has met dogs on a leash)

Moderate (has played with family/friends/neighbors dogs off-leash)

Extensive (Regularly plays in another daycare, dog park, social event, etc.)

What is your dog's energy level?

Couch Potato Short regular walks and/or playtime with people or dogs

Daily walks and playtime with people/dogs Regularly runs, jogs, participates in a dog sport, etc.

Allergies (medical/ environmental/ food) No Yes- please explain :

Any medical or physical disabilities? No Yes- please explain _____

Are there restrictions we should know for your pet? No Yes – Please explain: _____

Any potty issues or concerns we should watch for? No Yes- please explain _____

How does your dog behave with puppies? _____

Does your dog dislike or fear any breeds/types of dogs?

No Yes- please explain _____

Favorite toy/game: _____

What type of dogs does your dog enjoy playing with?

Not applicable (you don't know) Depends on the dog

Size / Breed / Temperament / Males / Females

Has your dog ever had any problems playing off leash? No Yes- Please explain (fearful, altercation with another dog at home, friends/neighbors/etc, other: _____

was there an injury to the other pet or person? No Yes -
 dog person No medical treatment Medical Treatment was given

Does your dog have any problems in the following areas? (check all that apply)

Mouthiness Jumping Barking House training Pulling
 Digging Climbing Other: _____

Has your dog ever growled, snapped at, or bitten anyone when he/she is being fed or is eating? When playing at any time. No YES – please explain:

What obedience commands does your dog know?

Does your dog have a specific Sit command? (hand signal, word)

Does your dog have any sensitive areas on his/her body? No Yes- please explain: _____

How does your dog react to strange people, or animals outside your home?

(check all that apply) Barks Growls Hides Friendly Curious

Additional Comments: _____

Are there any type of people your dog fears or dislikes? (we do have both women and men daycare attendants) No Yes- Comments: _____

Is there anything else your dog fears/dislikes/or is aggressive toward? (Small animals, bicycles, trucks, hats, etc.)

Other comments about your dog, which you feel might be helpful:

All dogs must be in good health. If your dog is coughing, has diarrhea, or is displaying any sign of illness, please notify us prior to bringing your dog to daycare. Along with their vaccines we also require your pet to be on flea, tick, and heartworm prevention all year long.

Daycare is a playground for dogs. Just like children, it is a place where they get to have lots of fun, but just like a child they can also get scrapes and scratches. Minimizing risks is part of our job as professional pet care providers. However, there is an inherent risk in all off leash dog play, we will not be responsible for injuries resulting from play.

I have read the client information and fully understand the policies of the Orrville Pet Spa & Resort Doggy Daycare Center and accept the risks involved in allowing my dog to participate in the Daycare Program.

Owner's Signature: _____

Date: _____