

Big River Canine Coach LLC

General Application

We pride ourselves on creating and maintaining a safe, happy, healthy, and hygienic environment for all dogs that come into our care. Please help us maintain this environment by answering the following questions about your dog.

Owner's Name(s):	
Address:	
Phone Number:	Alternate Number:
E-mail Address:	

Dog Information

Please fill out one application per dog.

Dog's Name:
Breed(s):
Gender, Spayed/Neutered, & Date of Birth:

How did you get your dog? Breeder Friend Family Member Social Media Adopted
 Other _____

Please check the box(es) that best describe your dog's activity level/daily exercise

- Couch Potato Short walks daily/few times a week Jogs with me daily/few times a week
 Heavy yard play (Frisbee, fetch, etc) Goes to work daily (police/military dog, therapy dog, etc)
 Regularly competes in agility or herding trials, dock diving, flyball, etc

Do you have other pets in the household? If so, does everyone get along? Please list any issues. _____

How does your dog react to visitors (human and animal) coming into your house or yard? _____

How does your dog react to people, animals, or objects passing your house or yard? _____

Behavior History

Please give us an idea of what kind of experiences your dog has had in the past.

How would you describe your dog's socialization history? Please check any boxes that fit.

- None On-leash walks Plays with other household pets Formal Service Dog Training
 Plays with family/neighborhood dogs Off-leash dog daycare Off-Leash Dog Park
 On-Leash Dog Park

Have you and/or your dog ever any formal training?

- Private 1 on 1 obedience classes Group obedience classes Board & Train program
 Service Animal Training _____ Police/Military Training _____
 Search & Rescue Other _____

How do you use basic obedience in your daily routine? _____

(continued on other side)

Has your dog ever chased, bitten, attacked, or killed another animal or person? If so, please tell us what happened, and if you've done anything to prevent it from happening again. _____

Does your dog react negatively towards any particular type of people, items, or animals? (Women, people wearing hats, wheelchairs, male dogs, certain breeds etc) _____

If your dog does react negatively towards something/someone, are you aware of a stressful event in the past that caused this issue? Please explain if applicable. _____

Does your dog have an aversion to being groomed, or does he/she dislike being brush, bathed, groomed, nails trimmed, etc? _____

What kind of surface is your dog used to going to the bathroom on? (grass, mulch, potty pad, etc) _____

How many times a day does your dog get to go out to the bathroom? _____

Does your dog have any issues or concerns with using the bathroom? _____

What kind of food does your dog eat? Kibble _____ Home-Cooked Raw

How is your dog fed? Scheduled Free-Fed

How many meals are offered a day? _____

Anything else you would like us to know about your dog? _____

Medical History

Please note that all dogs must be current on age appropriate vaccinations, flea, tick, and heartworm prevention. While Bordetella is not required to stay at our facility, we always recommend that you follow your veterinarian's recommendation.

Who is your regular veterinarian? _____

Is your dog current on all age appropriate vaccinations? Yes No

If not, why? _____

Do you use monthly flea/tick/heartworm prevention? If so, what? _____

Does your dog have any sort of allergies? _____

Does your dog have any physical limitations? If so, what happened and what limitations? _____

Does your dog have any medical conditions we should know about? _____

I certify that the above information is correct to the best of my knowledge. I understand that this information, along with additional information collected on any additional applications will be used to determine the best placement, if any for my dog. Big River Canine Coach LLC has the right to refuse or dismiss any client or dog(s) from our facility for any reason at any time.

Owner Signature _____ Date _____

Big River Canine Coach LLC

Off-Leash Play Application

We pride ourselves on creating quality play groups to provide dogs with the most enjoyment, and maintaining a relaxed environment. You know your dog best, so please fill out this form in its entirety so we can better place your dog with others that will allow him/her to have the most fun!

Owner's Name(s):
Dog's Name:

Social Play History

Please check as many boxes as needed

Why do you think your dog needs an off-leash play program?

- Socialization Exercise Separation Anxiety Recommended by Vet/Trainer
 Other _____

How would you describe your dog's past social interactions?

- None On-leash interactions only Plays with other household pets Plays with neighborhood dogs
 Plays with other family members dogs Daycare _____ Dog park
 Formal Therapy/Service Dog Training _____

If your dog has been to an off-leash play environment before, how did he/she handle the experience?

- Enjoyed it! Came home calm and happy Seemed fearful/nervous, wouldn't play with other dogs
 Reacted aggressively, could not allow off-leash play Fought, causing injury to another dog
 Fought, without causing injury to another dog Bit an adult Bit a child (give age _____)
 Was attacked by another dog, and my dog was injured Dismissed from another program

Please give us any details relevant to your above answer(s) if needed _____

How does your dog like to play with other dogs? _____

Does your dog share toys well with other dogs? If no, what does he/she do? _____

What are some of your favorite games to play with your dog? _____

What is your dog's favorite toy? _____

How does your dog react if someone or another dog approaches them or tries to take away a toy they are playing with? _____

Does your dog return toys to you when you throw them? Yes No

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Owner Signature _____ Date _____