Day Camp Evaluation

Questionnaire



Last Name:		First Name:		
Dog's Name:		Dog's DOB:	Breed:	
Cc	olor:	_ Weight: Sex: M /	F / Spayed / Neutered	d
	Please answer th	e following questions:		
1.	Has your dog been a	round other dogs? Yes	_ No	
2.	How does your dog a	ct with other dogs?		
3.	Does your dog go to a dog park? If so, how does he/she act while there?			
4.	Has your dog ever stayed overnight or played at another doggie daycare before? If so, how did he/she act while there?			
5.	Has your dog been around other people outside the family? Yes No			
6.	How does your dog a	ct with other people outside th	ne family?	
7.	How does your dog a	ct outside at home?		
8.	How does your dog b	pehave at the veterinarian?		
9.	Does your pet exhibit any unusual behaviors when you, the pet owner, are not present? (Ex. Digging, Running, Backing Away From People, Climbing On or Over Things, Chewing, Separation Anxiety)			
	Signature:		Date:	

Please bring completed Questionnaire to Safari Pet Resort on or before your pet's first play day.