



Barker Name \_\_\_\_\_  
 Owner Name \_\_\_\_\_

**Barker History and Behavioral Profile**

Please note, acceptance or denial into Cleveland Metrobark is not dependent on any single answer to any of the following questions.

Our Daycare Specialist evaluates each application as a whole and factors in many issues in a determination of placement.

How long have you owned your dog? \_\_\_\_\_ Where did you get your dog? \_\_\_\_\_

If your dog is adopted, do you have knowledge of your dog's past history?  Yes  No

If yes, please describe such history: \_\_\_\_\_

How does your dog behave around children, adults (male and female), and other animals? \_\_\_\_\_

Do you have other animals in your home?  Yes  No If so, list \_\_\_\_\_

Describe how your dog gets along with the other animals in your home: \_\_\_\_\_

**Please circle the following behavior issues that apply to your dog:**

Chews excessively	Yes	No	Runs away	Yes	No	Separation anxiety	Yes	No
High Jumper	Yes	No	Dog aggressive	Yes	No	Non-submissive	Yes	No
Toy possessive	Yes	No	Food aggressive	Yes	No	Unruly	Yes	No
People possessive	Yes	No	Cat aggressive	Yes	No	House soils	Yes	No
Does not obey commands	Yes	No	Digs	Yes	No	Overly submissive	Yes	No
Stool eater	Yes	No	Shy	Yes	No	Escapes	Yes	No
Jumps up	Yes	No	Picky eater	Yes	No	Barks excessively	Yes	No

Has your dog been in daycare before? If so, when and where? \_\_\_\_\_

Do visitors bring their dog to your home? If yes, how does your dog react? \_\_\_\_\_

How does your dog react to strangers coming into your home or yard? \_\_\_\_\_

Are there any kinds of people your dog automatically fears or dislikes? \_\_\_\_\_

Are there any kinds of dogs your dog automatically fears or dislikes? \_\_\_\_\_

How does your dog react to puppies? Older dogs? \_\_\_\_\_

What does your dog do when you are not at home? \_\_\_\_\_

What does your dog act like when you come home at the end of the day? \_\_\_\_\_

Has your dog ever stayed the night at a boarding facility or someone's private home? \_\_\_\_\_



Barker Name \_\_\_\_\_

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How does your dog show he/she is happy? \_\_\_\_\_

How does your dog react to other dogs approaching when you're on a walk? \_\_\_\_\_

On lead: \_\_\_\_\_

Off lead: \_\_\_\_\_

How many times a week is your dog walked? \_\_\_\_\_

How long are the walks? \_\_\_\_\_ minutes: \_\_\_\_\_ blocks: \_\_\_\_\_

Does your dog jump on people? If so, when? \_\_\_\_\_

Does your dog growl at people? If so, when? \_\_\_\_\_

Has your dog ever bitten any person or dog/animal? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, what were the circumstances?  Yes  No

Has your dog ever jumped a fence? If so, how high was the fence? \_\_\_\_\_

Does your dog frighten easily?  Yes  No \_\_\_\_\_

Have you ever tried taking food or toys away from your dog? If so, what happened? \_\_\_\_\_

Has your dog ever had off leash playtime with other dogs? \_\_\_\_\_

Does your dog prefer male or female dogs? \_\_\_\_\_

What type of play does your dog prefer with humans and with other dogs? \_\_\_\_\_

Has your dog had any formal obedience training? If so, where and when? \_\_\_\_\_

What commands does your dog know? \_\_\_\_\_

Does your dog know any hand commands? If so, what? \_\_\_\_\_

Can your dog be crated while at daycare? \_\_\_\_\_

**Grooming**

Does your dog like to be brushed? \_\_\_\_\_

How often do you brush your dog? \_\_\_\_\_

Does your dog react to having their nails clipped? \_\_\_\_\_

Is your dog sensitive in any area of their body? \_\_\_\_\_

Is your dog nervous in the bath? \_\_\_\_\_

How often do you bathe your dog? \_\_\_\_\_

If you answered "YES" to any of the above questions, please explain below:



**Barker Information**

Barker's Name: \_\_\_\_\_ Breed: \_\_\_\_\_

Description (i.e. colors, markings): \_\_\_\_\_

Age: \_\_\_\_\_ Approximate Birth Date: \_\_\_\_\_ Spay/Neuter Date: \_\_\_\_\_

Regular Medications: \_\_\_\_\_

Special Medical Needs: \_\_\_\_\_

**Owner Information**

Owner's Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Email Address: \_\_\_\_\_

Emergency Contact Name (other than Vet) \_\_\_\_\_ Phone: \_\_\_\_\_

Authorized person(s) to pick up barker:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

How did you hear about Cleveland Metrobark? \_\_\_\_\_



Barker Name _____
Owner Name _____

**Medical Information**

Veterinarian's Name: \_\_\_\_\_

Hospital Name: \_\_\_\_\_

Hospital Address: \_\_\_\_\_

Hospital Phone: \_\_\_\_\_

Hospital Fax: \_\_\_\_\_

Does the dog have any restrictions on activities or movements? If yes, please describe: \_\_\_\_\_

**To be filled out by Cleveland Metrobark Staff:**

Physical exam: _____	Spay/Neuter: _____	circle one _____	date _____
Rabies	1 year	3 year	_____
DHLPP( or equivalent)	1 year	3 year	_____
Fecal Sample	Positive	Negative	_____
Heartworm Test	Positive	Negative	_____
Bordatella	6 months	1 year	_____
Heartworm Preventative: _____		Last purchase date: _____	
Flea Preventative: _____		Last purchase date: _____	
Medications: _____			
Known Allergies: _____			

In the event of an emergency, Cleveland Metrobark has permission to transport \_\_\_\_\_ to Gateway Animal Hospital if necessary. All cost for the veterinarian visit are to be paid by owner of animal needing care.

Cleveland Metrobark must have a copy of Veterinarian records on file.

Cleveland Metrobark reserves the right to contact your Veterinarian at any time with questions or concerns regarding your dog or veterinarian information. Initial \_\_\_\_\_

Owner Signature \_\_\_\_\_

Date \_\_\_\_\_

