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

Breed: \_\_\_\_\_ Age \_\_\_\_\_ Sex: \_\_\_\_\_

Date: \_\_\_\_\_

How long have you had your dog? \_\_\_\_\_

Has your dog been in daycare before? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, when and how often, and how did he/she behave? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Has your dog been socialized with other dogs? Yes \_\_\_\_\_ No \_\_\_\_\_

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Has your dog been socialized with men and women? Yes \_\_\_\_\_ No \_\_\_\_\_

If no, please describe: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Is your dog reactive with strangers? Yes \_\_\_\_\_ No \_\_\_\_\_

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Has your dog ever bitten a person? Yes \_\_\_\_\_ No \_\_\_\_\_

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Has your dog ever bitten another dog? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please explain: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

# Doggie Daycare Evaluation Form

Does your dog have any habits that we need to be aware of? Yes\_\_\_\_ No\_\_\_\_  
If yes, please describe: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Is your dog possessive of such things as food, toys, water, people, other pets, etc.? Yes\_\_\_\_ No\_\_\_\_  
If yes, please describe: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Has your dog had any professional training (including puppy classes)? Yes\_\_\_\_ No\_\_\_\_  
If yes, please describe: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Has your dog ever been to a dog park? Yes\_\_\_\_ No\_\_\_\_  
If yes, how often, and how did he/she behave? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Does your dog know any commands, such as "sit", "come"? Yes\_\_\_\_ No\_\_\_\_  
If yes, please describe: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Is there any additional information you feel we should be aware of? Yes\_\_\_\_ No\_\_\_\_  
If yes, please describe: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Are there any medical concerns you feel we should be aware of? Yes\_\_\_\_ No\_\_\_\_  
If yes, please describe: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What is the name and contact information of your primary veterinarian's office?  
\_\_\_\_\_

FOR OFFICE USE ONLY

Play type: \_\_\_\_\_ Accepted \_\_\_\_\_ Not a candidate \_\_\_\_\_

Special notes: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_