



Day Camp Questionnaire

Please answer the following questions:

Has your dog ever been to a daycare or play park? Y/N Did they interact with other dogs well? Y/N

Explain: _____

How does your dog respond to strangers or other dogs? Friendly, Shy, Dominant, Fearful

Explain: _____

Does your dog have any medical conditions or restrictions such as difficulty breathing, heart condition, intolerance to heat or cold? Y/N

Explain: _____

Does your dog prefer to play with people or other dogs? _____

Has your dog had any aggression issues with toys, food, water bowl, other dogs? Y/N

Explain: _____

Has your dog ever bitten another dog or person? Y/N Explain: _____

Does your dog have any issues with loud noises/thunderstorms? Y/N _____

Does your dog prefer male or female dogs? M/F/Either Does your dog bark a lot? Y/N

Does your dog exhibit destructive behavior when they are left alone? Y/N _____

Does your dog dig holes? Y/N Has your dog ever escaped out of any enclosures? Y/N

Explain: _____

Please pick the description that best describes your dog's personality:

Class clown (goofy/playful/high energy)

Big Man on Campus (Alpha/referees playtime)

Cheerleader (opinionated/vocal)

Over Achiever (wants to be involved in everything!)

Teacher's Pet (shy/watches rather than getting involved)

Please list any obedience classes your dog has attended, commands they know, and any other information we might find helpful about your camper _____

By signing below I certify that the information I have provided is accurate and I agree to pay all charges incurred during my camper's stay. I understand that Pioneer Valley Veterinary Hospital reserves the right to decide if my animal is eligible for day camp based on behavior during his/her evaluation and ongoing interaction with other campers and staff.

Signature (required)

Date

Witness

Date

So we can best accommodate you and your camper's needs please let us know the following:

Times/days a week your camper would attend _____

Preferred drop-off time _____ **pick-up time** _____

Any additional requests: _____

Hospital Use:

Notes: _____

