



# BEHAVIORAL INTAKE & DROP-OFF FORM

The Better Companion – Vacation with an Education

## Owner Information

Owner Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

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

Secondary Contact (Name & Phone): \_\_\_\_\_

Authorized Pick-Up Person(s): \_\_\_\_\_

## Dog Information

Dog's Name: \_\_\_\_\_

Breed / Mix: \_\_\_\_\_

Age / DOB: \_\_\_\_\_

Sex:  Male  Female

Spayed/Neutered?  Yes  No

Microchip #: \_\_\_\_\_

## Stay / Session Details

Program (circle):

Vacation With an Education / Sleep-Away Camp

Drop-Off Date: \_\_\_\_\_

Pick-Up Date: \_\_\_\_\_

Preferred Drop-Off Window: \_\_\_\_\_

## Veterinary Information

Primary Veterinary Clinic: \_\_\_\_\_

Vet Phone: \_\_\_\_\_

Vaccinations Current?

- Rabies:  Yes  No
- Distemper/Parvo:  Yes  No
- Bordetella:  Yes  No
- Influenza (optional):  Yes  No

Any chronic medical conditions?

Current Medications (name, dosage, schedule):

Food Allergies / Sensitivities:

## Routine & Care

Feeding Instructions (brand, amount, schedule):

Potty Routine:

Crate Experience:

Comfortable

- Tolerates with some fuss
- Not used to crates
- Significant crate stress

Home Sleep Routine:

- Crate
- Dog Bed
- Owner's Bed
- Free-roam space

## **Behavioral History — REQUIRED**

### **General Temperament**

How would you describe your dog?

- Easygoing
- High-energy
- Nervous / Shy
- Reactive
- Fearful
- Confident
- Selective with people
- Selective with dogs

Other notes:

## People Interactions

How does your dog respond to:

New People:

- Friendly
- Cautious
- Barky
- Fearful
- Has growled/snapped before

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

Handling (feet, ears, grooming, vet touch):

- Comfortable
- Tolerates but unsure
- Pulls away
- Growls / snaps
- Has bitten before

Details: \_\_\_\_\_

## Dog Interactions

With dogs in neutral environments:

- Friendly
- Selective
- Fearful
- Reactive
- No dog exposure

With dogs in close proximity (on leash or indoor):

- Comfortable
- Nervous
- Reactive (barking/lunging)
- Aggressive

If reactive, describe triggers:

## Behavior Concerns (Check All That Apply)

- Separation anxiety
- Destructive behaviors
- Excessive barking
- Reactivity (dogs / people / vehicles)

- Resource guarding (food, toys, people, spaces)
- Difficulty settling or high arousal
- Sound sensitivity
- Escape attempts / door dashing
- Leash reactivity
- Stranger danger
- Handling intolerance
- Fear of confinement
- Biting or attempted biting

Provide details for any items checked:

## **Bite or Incident History**

Has your dog ever bitten or snapped at a person?

Yes  No

If yes, explain (context, severity):

Has your dog ever bitten, attacked, or fought with another dog?

Yes  No

If yes, explain:

Any history of threatening behavior (growling, air snapping, stiffening, guarding)?

Yes  No

Details: \_\_\_\_\_

## Training History

Has your dog completed any training programs?

Puppy classes

Basic manners

Day Training

Board & Train

Behavior modification

Private lessons

Online training

Other: \_\_\_\_\_

What cues does your dog currently know reliably?

## Goals for Stay or Training

Please list what you'd like us to work on or maintain:

Manners refresh

- Loose leash walking
- Recall / name response
- Polite greetings
- Relaxation / settle work
- Confidence building
- Trick training
- Enrichment
- Pattern games
- Behavior support (mild cases only)

Other goals: \_\_\_\_\_

## Items Brought With Your Dog

- Food
- Treats
- Medication
- Bed
- Toys
- Leash
- Collar / Harness
- Crate

Other items: \_\_\_\_\_

## Emergency Authorization

In case of illness or injury:

- Approve veterinary care at my expense
- Attempt to contact me first
- Contact emergency contact if I cannot be reached

## Owner Acknowledgment

I confirm all information provided is accurate to the best of my knowledge. I understand that withholding behavioral information may place staff, trainers, or other animals at risk and may result in my dog being dismissed from the program.

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

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