

ST only  
 Boarding  
 DC day



**Crossroads Pet Resort**  
*Home of Best Behavior Training*

### OFF-LEASH PLAY APPLICATION

We love dogs and want your dog to love coming to our off-leash playgroup. No one knows your dog better than you, so we'd appreciate you taking the time to fill out this application. The more we know about the dogs in our care, the better our playgroups will be.

Owner's Name(s): \_\_\_\_\_ Date: \_\_\_\_\_

#### INFORMATION ABOUT YOUR DOG

*Please submit a separate application for each dog you would like to have enrolled in off-leash play*

<b>Dog's Name:</b> _____ <b>Breed:</b> _____ If mixed breed, list two predominant breeds in behavior: _____
<b>1a. Current Age:</b> _____ (Years) _____ (Months) <b>1b. How long have you owned your dog?</b> _____ <b>1c. Sex:</b> <input type="checkbox"/> Female <input type="checkbox"/> Male <b>1d. Is Your Dog Spayed or Neutered?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes
<b>2. Where did you get your dog?</b> <input type="checkbox"/> Newspaper Ad <input type="checkbox"/> Breeder <input type="checkbox"/> Pet Store <input type="checkbox"/> Animal Shelter <input type="checkbox"/> Animal Rescue Group <input type="checkbox"/> Found as Stray <input type="checkbox"/> Friend <input type="checkbox"/> Other: _____ What knowledge do you have of your dog's past history? _____
<b>3. Why are you considering our off-leash dog play program for you dog? (Check all that apply)</b> <input type="checkbox"/> To allow my dog to play with other dogs <input type="checkbox"/> So the dog is not home alone – check <input type="checkbox"/> if your dog exhibits signs of separation anxiety <input type="checkbox"/> Exercise – indicate whether play program exercise is: <input type="checkbox"/> Primary Source <input type="checkbox"/> Additional Source <input type="checkbox"/> Recommended by other pet professional (trainer, vet, etc.) Reason: _____ <input type="checkbox"/> Other: _____
<b>4. Which of the following best describes your dog's level of socialization with other dogs?</b> <input type="checkbox"/> None – No knowledge of interaction with other dogs <input type="checkbox"/> Minimal – On leash encounters only <input type="checkbox"/> Moderate – Some off-leash playtime on occasion with the dog of a visitor/neighbor/friend <input type="checkbox"/> Extensive – Regular visits to dog social events, off-leash dog parks, dog daycare, etc.
<b>5a. Has your dog had previous problems in an off-leash social environment?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes (If yes, check all that apply) <input type="checkbox"/> Altercation or fight at a public dog park <input type="checkbox"/> Altercation or fight with a neighbor's or friend's dog <input type="checkbox"/> Fearful reaction in a group of dogs <input type="checkbox"/> Dismissed from a prior dog daycare or social playgroup program (if yes, you must complete 5b below) <input type="checkbox"/> Other: _____
<b>5b. Complete only if you indicated in 5a above that your dog was dismissed from a prior program.</b> What reason were you given as to why your dog was dismissed? _____ Check each statement below which applies to the situation that resulted in your dog's dismissal: <input type="checkbox"/> My dog was injured, no medical treatment required <input type="checkbox"/> My dog was injured and required medical treatment <input type="checkbox"/> Another dog was injured, no medical treatment required <input type="checkbox"/> Another dog was injured and required medical treatment <input type="checkbox"/> A person was injured, no medical treatment required <input type="checkbox"/> A person was injured and required medical treatment Provide additional information we should be aware of about this situation: _____

## HEALTH HISTORY

**6. Describe your dog's flea / tick control and prevention program:**  
 Frontline/Advantage       Comfortis       Other: \_\_\_\_\_

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**7. Does your dog have allergies?**  No  Yes (If yes, please explain) \_\_\_\_\_  
 \_\_\_\_\_

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**8a. Does your dog have any physical disabilities?**  No  Yes (If yes, please explain disability and cause)  
 \_\_\_\_\_

**8b. Are there any restrictions that need to be placed on your dog's activities or movements?**  
 No Jumping       No Running       No Hard Play       No Contact With Other Dogs  
 Other: \_\_\_\_\_

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**9. Does your dog have any medical conditions?**  No  Yes (If yes, please explain)  
 \_\_\_\_\_  
 If medication is used to control the condition, please provide name and dosage: \_\_\_\_\_

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**10. Does your dog have any sensitive areas on his/her body?**  No  Yes (If yes, please explain) \_\_\_\_\_  
 \_\_\_\_\_

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**11. Check the response below that best represents your dog's overall level of exercise routine:**  
 Couch Potato: Spends days sleeping, occasional walks and/or playtime with humans or other dogs  
 Mild Exerciser: Short daily walks and/or regular playtime with humans or other dogs  
 Moderate Exerciser: Long or multiple walks daily and/or regular playtime with humans or other dogs  
 Athlete: Regular jogs/runs and/or regular participation in a dog sport activity such as agility, fly ball, Frisbee, etc.

## HOUSEHOLD INFORMATION

**12. Complete the following with information on other household pets**

BREED	AGE	SEX	SPAYED OR NEUTERED
		<input type="checkbox"/> Female <input type="checkbox"/> Male	<input type="checkbox"/> No <input type="checkbox"/> Yes
		<input type="checkbox"/> Female <input type="checkbox"/> Male	<input type="checkbox"/> No <input type="checkbox"/> Yes
		<input type="checkbox"/> Female <input type="checkbox"/> Male	<input type="checkbox"/> No <input type="checkbox"/> Yes
		<input type="checkbox"/> Female <input type="checkbox"/> Male	<input type="checkbox"/> No <input type="checkbox"/> Yes

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**13. If there are other pets in the household, describe how your dog gets along with the other household pets.**  
 \_\_\_\_\_

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**14. Which commands does your dog know?** (Please check all that apply)  
 Sit     Stay     Down     Come     Heel     Off     Leave-It  
 Tricks: \_\_\_\_\_  
 Other: \_\_\_\_\_

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**15. How did your dog get his/her obedience training?**  
 Attended one group class       Attended more than one level of group classes (beginner and intermediate, etc.)  
 Private sessions in home       Dog was sent to a board and train program  
 Other: \_\_\_\_\_

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**16. Which of the following best describes the use of obedience cues with your dog at home?**  
 Key part of daily communication       Used when we go on walks or have people over  
 Used occasionally to better control behavior     Rarely Used       Not applicable

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**17. Is your dog crate trained? (whether or not you use a crate)**       No     Yes

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**18. Has your dog ever gotten away from someone when out for a walk?**     No     Yes (If yes, please explain the circumstances)  
 \_\_\_\_\_  
 \_\_\_\_\_

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**19. Has your dog ever climbed/jumped a fence?**     No     Yes (If yes, describe the circumstances)  
 \_\_\_\_\_  
 \_\_\_\_\_ How high was the fence? \_\_\_\_\_

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**20. Has your dog ever escaped from your house or yard?**     No     Yes (If yes, please explain the circumstances)  
 \_\_\_\_\_  
 \_\_\_\_\_

