



DOWNTOWN ST. PETE VET CLINIC — DAY CARE NEW GUEST FORM

111 2nd Ave NE, Suite 113
 St. Petersburg, FL 33701
 Phone (727) 755-PETS
 Fax (727) 755-7388
 Visit dtsp.vet

Thank you for choosing Downtown St. Pete Vet Clinic!

Please complete this information to the best of your knowledge. Please print.

GUEST INFORMATION

Guest Name		
Has your dog ever been to day care before?	Yes <input type="checkbox"/> No <input type="checkbox"/>	If so, where?
What is your primary reason for bringing your dog to day care?		
Will you be bringing a meal for us to feed your dog while with us?		
		Yes <input type="checkbox"/> No <input type="checkbox"/>
What is the name and phone number of your primary veterinarian?		

GUEST BEHAVIOR

Does your dog like to play with other dogs?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Please describe your dog's play style:	
How does your dog react in new situations or places?			
How does your dog react to strangers?			
Does your dog:	Growl <input type="checkbox"/> Hide <input type="checkbox"/> Jump <input type="checkbox"/> Bite <input type="checkbox"/>	Other:	
Does your dog show aggression at all?	Yes <input type="checkbox"/> No <input type="checkbox"/>	With people?	Yes <input type="checkbox"/> No <input type="checkbox"/>
With personal space?	Yes <input type="checkbox"/> No <input type="checkbox"/>	With other dogs?	Yes <input type="checkbox"/> No <input type="checkbox"/>
With food?	Yes <input type="checkbox"/> No <input type="checkbox"/>	With toys?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Other:			
Has your dog ever been bitten by another dog?	Yes <input type="checkbox"/> No <input type="checkbox"/>	If so, what were the circumstances?	
Has your dog ever bitten another dog?			
Yes <input type="checkbox"/> No <input type="checkbox"/>	If so, what were the circumstances?		
Will your dog eat or chew objects?			
Yes <input type="checkbox"/> No <input type="checkbox"/>	If so, what? (bedding, furniture, wood, toys, etc.)		
Does your dog have any escape tactics?	Climbing <input type="checkbox"/> Jumping <input type="checkbox"/> Chewing <input type="checkbox"/>	Other:	
How does your dog walk or behave on a leash?			

