BEHAVIOR & ROUTINE QUESTIONNAIRE

Playful Paws • 231 Broadway, Malden, MA 02148

Please complete this form accurately before your dog's Trial Day. Current clients may also be asked to complete it as an updated behavioral and care profile. The information helps our team evaluate compatibility, safety, grouping, routine, and individual care needs.

1. OWNER & DOG INFORMATION

Owner/Guardian Name: _____

Phone: _____ Email: _____

Dog's Name: _____ Breed/Mix: _____

Age/Date of Birth: _____ Sex: ☐ Male ☐ Female Spayed/Neutered: ☐ Yes ☐ No

How long has your dog lived with you? _____

2. SOCIALIZATION WITH OTHER DOGS

How does your dog generally behave around other dogs?

☐ Very social ☐ Friendly after warming up ☐ Selective ☐ Nervous/Fearful ☐ Reactive ☐ Avoids dogs

☐ Unknown

How does your dog do with:

☐ Small dogs: Good / Selective / Avoids / Reactive / Unknown

☐ Medium dogs: Good / Selective / Avoids / Reactive / Unknown

☐ Large dogs: Good / Selective / Avoids / Reactive / Unknown

☐ Puppies: Good / Selective / Avoids / Reactive / Unknown

☐ Senior dogs: Good / Selective / Avoids / Reactive / Unknown

Does your dog prefer a particular play style or type of dog? _____

Has your dog ever growled at, snapped at, bitten, pinned, or fought with another dog? ☐ No ☐ Yes

If yes, please explain what happened, the approximate date, circumstances, and whether injury occurred:

_____

_____

Does your dog show reactivity or discomfort around dogs while on leash, behind gates/fences, around food, toys, beds, water, or people? ☐ No ☐ Yes

Please explain: _____

3. BEHAVIOR WITH PEOPLE & HANDLING

How does your dog generally respond to unfamiliar adults?

☐ Friendly ☐ Reserved ☐ Fearful ☐ Reactive ☐ Unknown

How does your dog respond to being touched or handled around paws, ears, collar/harness, mouth, or body?

_____

Has your dog ever growled at, snapped at, or bitten a person? ☐ No ☐ Yes

If yes, explain the circumstances and approximate date: _____

Does your dog have any known triggers (men, hats, uniforms, loud voices, sudden movements, children, handling, etc.)? ☐ No ☐ Yes

Please explain: _____

4. RESOURCES, FOOD & PLAY

Has your dog ever guarded food, treats, toys, beds, space, water, or a person? ☐ No ☐ Yes
Please explain: _____

Can your dog eat comfortably with other dogs nearby? ☐ Yes ☐ No ☐ Unknown

Does your dog become overly excited, possessive, rough, or difficult to redirect during play? ☐ No ☐ Yes
Please explain: _____

5. SEPARATION, STRESS & ESCAPE BEHAVIOR

How does your dog respond when separated from you? _____

Does your dog have separation anxiety or become highly distressed when confined or separated? ☐ No ☐ Yes

Has your dog attempted to climb, jump, dig under, push through, or escape gates/fences/crates/doors? ☐ No ☐ Yes
Please explain: _____

What signs does your dog show when stressed or uncomfortable? _____

What usually helps your dog calm down? _____

6. HEALTH & PHYSICAL CONSIDERATIONS

Does your dog currently have any injury, pain, mobility limitation, medical condition, recent illness, or veterinary restriction? ☐ No ☐ Yes
Please explain: _____

Does your dog have allergies or sensitivities? ☐ No ☐ Yes
Please explain: _____

Is your dog currently taking any medication or receiving special care? ☐ No ☐ Yes
Medication/care, dose, frequency, and timing: _____

7. FOOD & DAILY ROUTINE

Food/Brand: _____ Amount per meal: _____

Meals per day: _____ Usual feeding times: _____

Any food restrictions, allergies, supplements, or special feeding instructions? ☐ No ☐ Yes
Please explain: _____

Anything about your dog's home routine that would help us care for them appropriately?
_____

8. IMPORTANT INFORMATION & CHANGES

Is there anything else about your dog's personality, behavior, health, history, fears, preferences, or care needs that our team should know?
_____
_____

I understand that a dog's behavior and health may change over time. I agree to promptly inform Playful Paws of relevant changes in behavior, aggression/reactivity, health, medication, diet, allergies, restrictions, or special-care needs, preferably in writing.

Owner/Guardian Signature: _____ Date: _____

FOR PLAYFUL PAWS STAFF USE

Registration complete: ☐ Yes ☐ No Required documents verified: ☐ Yes ☐ No

Questionnaire reviewed by: _____ Date: _____

Trial scheduled for: _____

Trial result: ☐ Approved ☐ Approved with conditions ☐ Further evaluation needed ☐ Not approved

Notes / grouping considerations / restrictions:
_____
_____