



Diersen's Canine Country Club

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Solon, IA 52333

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Email: DCanineCountryClub@gmail.com

Website: DCanineCountryClub.com

Last Name: _____ First Name: _____

Phone Number: _____ Phone Number: _____

Home Address: _____ Mailing Address: _____

Pet's Name: _____ Breed: _____

(Circle One) Male / Female Neutered: Yes / No

Color: _____ Date of Birth: _____

Veterinary Clinic: _____

Veterinary Phone: _____

Veterinary Address: _____

Help us get to know your dog by completing the following pages; making your pets stay here as pleasant as possible!

Where and when did you acquire your dog?

How old was it at that time?

How old was it when spayed/neutered?

Do you have a yard? Y / N If yes, how is your dog contained in your yard?
(Circle one) Above ground fence / Underground fence / Tie-Out cable / chain

What is your routine for pottying your dog? (Circle one) Yard / Walks / Potty Pads

How often do you:

Walk you dog on a leash?	Never	Monthly	Weekly	Daily
Take to your dog to a Dog Park?	Never	Monthly	Weekly	Daily
Take to your dog to Doggie Daycare?	Never	Monthly	Weekly	Daily

Where does your dog stay when left at home?

(Circle one) Kenneled 1 Room of house Run of house
 Outdoor Kennel Garage Kennel

How does your dog handle being kenneled?

(Circle one) Likes Kennel / Cries in Kennel / Paces or Heavily Pants in Kennel

Does your dog like certain toys? Y / N If so, please list:

Does your dog destroy any type of toy? Y / N If so, please explain:

What type of food does your dog eat?

(Circle one) Is your dog **Meal Fed** (certain amount during day) or **Free Fed** (always available)?

If Meal Fed, how much per meal? How often? 1 2 3 times/day

Are there any food allergies or special feeding instructions? Y / N Please explain:

What is your dog's favorite treat?

May we give them a Kong with stuffing (Peanut Butter / Canned Food / Treat)? Y / N

Does your dog have any pre-existing or current medical conditions? Y / N Please explain:

Does your dog take:		Name of Product	How Often
Heartworm Preventative	Y / N		
Flea/Tick Preventative	Y / N		
Pre/Probiotics	Y / N		
Medication	Y / N		
Medication	Y / N		

NOTE: If your dog is over 6 months of age and is not spayed / neutered, he / she will not be allowed group play per State Regulations.

Initial one of the following:

_____ Yes, I want my pet to commingle at Diersen's Canine Country Club.

_____ No, I do not want my pet to commingle at Diersen's Canine Country Club.

Why is Doggie Socialization important to you and your dog?

___ Dogs like to socialize

___ Exercise Dog physically

___ Don't like kenneled during the entire visit

___ Exercise Dog mentally

___ Dog likes to play

___ Other: _____

Has your dog ever attended Doggie Daycare? Y / N Where:

How did your dog do at Doggie Daycare?

Has your dog ever been excused from a Doggie Daycare facility? Y / N

If so, please explain:

How does your dog react when:	Home	Yard	Out in Public
Strangers approach your			
Known people approach your			
Other dogs approach your			

Has your dog ever bitten anyone including you? Y / N If so, explain:

Has your dog ever bitten/killed another dog/animal? Y / N If so, explain:

Does your dog currently play off leash with other dogs? If so, please briefly describe:

___ Small Dogs, list breeds:

___ Large Dogs, list breeds:

Are there any specific breeds/types of dogs your dog seems to be afraid of? Y / N

Please list:

Does your dog reside with any other animals in your home or on your property? Y / N

Please list: Species Name Breed Sex Neutered Age

How does your dog get along with these other animals?

Please tell us about your dog's training history.

Training	Where	How did dog do?
___ No Training		
___ Trained Yourself		
___ Puppy Kindergarten		
___ Group Classes – Basic		
___ Group Classes – Advanced		
___ Private Training Lessons		
___ Canine Good Citizen (CGC)		
___ Agility		
___ Other		

Any obedience titles/awards?

Does your dog know any commands? Y / N Please provide details:

Command	Always	Usually	Needs Work	Hand Signal
Name	Y / N	Y / N	Y / N	Y / N
Sit	Y / N	Y / N	Y / N	Y / N
Down	Y / N	Y / N	Y / N	Y / N
Stand	Y / N	Y / N	Y / N	Y / N
Stay/Wait	Y / N	Y / N	Y / N	Y / N
Come	Y / N	Y / N	Y / N	Y / N
Heal	Y / N	Y / N	Y / N	Y / N
Drop-It/Give	Y / N	Y / N	Y / N	Y / N
Leave-It	Y / N	Y / N	Y / N	Y / N
Shake	Y / N	Y / N	Y / N	Y / N
Roll Over	Y / N	Y / N	Y / N	Y / N
Fetch	Y / N	Y / N	Y / N	Y / N

Additional commands:

Are there areas of the dog's body he/she is sensitive to touch? (i.e. paws, nails, tail, teeth) Y / N

Explain:

Do you clip nails at home? Y / N How does he / she do? Sits Still / Wiggly / Bites

Do you brush teeth at home? Y / N How does he / she do? Sits Still / Wiggly / Bites

Is your dog possessive / growly over any specific bones, toys, treats, objects when any human / animal is around? Y / N Please explain:

Are there any additional behavioral/training issues you feel we should know about or that you consider being a problem? Please explain:

	Behavioral Issue/Problem			Seriousness		
	Low	High		Low	High	
1)	1	2	3	1	2	3
2)	1	2	3	1	2	3
3)	1	2	3	1	2	3

Please read and initial the following:

_____ VACCINATIONS: I understand that my pet must be current on Rabies and Distemper/Parvo vaccinations before entering the facility. I will provide current and future records.

_____ EMERGENCIES: In the event of an emergency, I authorize Diersen's Canine Country Club to seek professional Veterinary care for my pet, at my expense. In the event of an emergency, I understand that all attempts will be made to contact me.

_____ HEALTH: I understand that grooming/boarding/training can be stressful to some pets. I will notify Diersen's Canine Country Club if my Pet has any heart or stress related issues prior to boarding/grooming/training.

_____ COMMINGLE: I understand the inherent risk of injury or disease when dogs owned by different people are allowed to commingle. Dogs over the age of 6 months must be spayed or neutered. Dogs will be given a temperament/behavioral analysis before entering into playgroups to ensure the dogs are compatible. If this is the first time my pet has stayed with Diersen's Canine Country Club, I understand that this testing will occur before my pet is allowed to commingle. If my pet is deemed not safe to commingle, I understand I will be notified and my pet will remain separated from other pets.

_____ MEDIA RELEASE: I give Diersen's Canine Country Club permission to post photos of my pet(s) on their social media pages; including but not limited to: facebook/marketing materials/website.

_____ FLEA & TICK PREVENTION: I have given my pet(s) the appropriate flea and tick preventative. Because not all preventatives are 100% effective, I authorize Diersen's Canine Country Club to treat my pet for fleas or ticks as deemed appropriate. There will be additional charges for this treatment. My pet is currently using _____ and it was last given on (date:) _____

_____ PET'S WELLBEING: I understand the inherent risk of injury during any type of grooming/boarding/training procedure or stay. I understand that Diersen's Canine Country Club works very hard to keep my pet safe while in their care. If my pet is injured, I authorize Diersen's Canine Country Club to seek appropriate veterinary care at my expense. I understand all attempts will be made to contact me.

Grooming Only:

_____ COAT CONDITION: I understand that Diersen's Canine Country Club's first priority is the safety and comfort of my pet. Therefore, in the event my pet's coat is matted, I understand that the groomer will take the appropriate measures to safely remove the mats. Depending on the severity of the matting, this may require shaving to remove and will be up to the sole discretion of the groomer.

_____ I also understand that in some cases, there is an increased risk of irritation to the skin including cuts. Should medical attention be required, it will be at my expense.

_____ I also understand that severely matted pets take longer to groom and therefore, additional costs may be incurred.

Temperament Review (conducted by Evaluator during Intake Interview)

TEST	RESULTS
Backstroking/Head Pat	
Hug/Min 20 Seconds of Love	
Examine Teeth/Nail/Ears	
Loud Noise	
Flea Exam	
Verbal Reprimand	
Commands Understood	
Toys Given/Taken Away	
Food Given/Taken Away	
Tweaks/Tugs/Pokes	
Drop-It/Leave-It/Give/Release	
Stranger Introduction	
Dog Introduction	

Evaluator:

Recommendations: Dog Soc: 1 2 3 4 5 Human Soc: 1 2 3 4 5

Obed: 1 2 3 4 5

Notes (if needed):

Dog Owner's Signature:

DCCC Owner's Signature:

Intake Interview Conducted (Day/Time): _