



**SOCIAL ASSESSMENT APPLICATION**  
**(All pets must be spayed/neutered & current on ALL vaccinations)**

- **To participate in P.E.A.C.E. all dogs must be:**
  1. At least six (6) months old
  2. Spayed or neutered @ six (6) months old
  3. Current on all vaccinations (administered by a licensed veterinarian)
  4. Free of flea & ticks & parasites
  5. Able to respond to our staff at all times (basic commands & directions)
  6. Not aggressive, dominant or fearful
  7. Pass “Social Assessment”
  
- **The following vaccinations are required & must be maintained current after initial series of puppy boosters:**
  1. Rabies: Annual or 3-yr, based on specific documentation by your vet
  2. DHPP: 1-yr booster at age 1; every 3 years thereafter
  3. Bordetella: (Canine Cough): every 6 months
  4. CIV: Canine Influenza Virus: Annual with booster 3-4 weeks after initial shot (if past 4 weeks after initial shot, vaccination must be re-administered).
  5. ALL vaccinations must be administered by a licensed, accredited vet.
  6. Negative Fecal: Annually
  
- **All dogs who are approved are *a/ways* considered “on probation” since their behavior can change from day to day. If their social skills become unsuitable at any time, their “group activities” privileges may be suspended.**
  
- **Advanced reservations are required for your dog to participate in P.E.A.C.E.**
  1. Standing reservations are for weekly attendance and guarantee your spot for that specific day.
  2. Individual daily reservations can be made in advance by contacting our facility during regular business hours.
  3. Same day reservations or walk-ins will only be accepted if space is available.
  
- **Dogs who have not participated in P.E.A.C.E. for over 3 months will be re-assessed & monitored closely for any behavioral changes. An additional \$15 re-assessment fee is required.**
  1. If their behavior has changed such that it imposes a safety risk to other dogs, staff or themselves, they will have their privileges suspended.
  
- **All Social Assessments are completed by our Behavior Coaches. The fee is \$45 & covers a day of play.**
  1. Dogs must be here by 8 a.m. and stay until at least 4 p.m. Other services such as vet work, baths/grooms may not be done on their assessment day.
  2. The Social Assessment Application must be filled out entirely prior to the actual “test”.
  
- **P.E.A.C.E. is available Monday-Friday from 7:00 a.m. to 6:00 p.m. / Saturday from 7:30 a.m. to 2:00 p.m.**
  1. The a.m. session is from 7:00 a.m. – 12:00 p.m.
  2. *Rest time from 12:00 a.m. – 2:00 p.m.*
  3. The p.m. session is from 2:00 p.m. – 6:00 p.m.

Owner Information		
First Name:	Last Name:	
Address:		
Home #:	<input type="checkbox"/>	Cell #: <input type="checkbox"/> Work #: <input type="checkbox"/>
Email:	<input type="checkbox"/> (Please check the contact you'd prefer us to use)	
<b>Emergency Name and Contact Information:</b> **In the event of an emergency, the pet will be transported to the appropriate animal clinic immediately & the owner contacted. Costs arising from medical care will be billed to the owner upon check-out.**		
How did you hear about us?		
Dog Information		
Name:	Breed:	
Age:	<input type="checkbox"/> Spayed <input type="checkbox"/> Neutered	
Veterinarian:		

General Information & Dog History		
What is the main reason(s) you have chosen to have your dog participate in "P.E.A.C.E."?		
How long have you owned your dog?		
Where did you get your dog?	<input type="checkbox"/> Shelter <input type="checkbox"/> Breeder <input type="checkbox"/> Friend <input type="checkbox"/> Pet Store <input type="checkbox"/> Found <input type="checkbox"/> Other If other, explain:	
If adopted, what knowledge do you have of your dog's past? (i.e. socialization, medical, previous owners, etc.)		
Has your dog ever participated in group activities before?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, where? How did your dog do?
Has your dog ever climbed or jumped over a fence?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, what type of fence and how high was it?
How much exercise does your dog get on a daily basis? Please explain:		

Your Dog's Behavior		
What is your dog's energy level?	<input type="checkbox"/> Low <input type="checkbox"/> Medium <input type="checkbox"/> High	
Are there specific breeds or types of dogs your dog fears/dislikes?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, explain (breed, size, male/female)
Has your dog growled/snapped at anyone who has taken its toys away?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, explain the circumstances
Has your dog ever bitten anyone or another dog?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, explain the circumstances
Please describe if your dog has a problem(s) in any of the following areas, that you know of: <input type="checkbox"/> Mouthing <input type="checkbox"/> Barking	Give specific examples:	

<input type="checkbox"/> Digging <input type="checkbox"/> Food Aggression <input type="checkbox"/> Eating Foreign Objects	
<p><b>Indicate the overall level of exercise that best describes your dog's routine:</b></p> <input type="checkbox"/> <b>Couch Potato</b> – Spends days sleeping, occasional walks &/or playtime with humans or other dogs. <input type="checkbox"/> <b>Mild Exerciser</b> - Spends days indoors, short walks &/or regular playtime with humans or other dogs. <input type="checkbox"/> <b>Moderate Exerciser</b> – Long or multiple walks daily and/or regular playtimes with humans or other dogs. <input type="checkbox"/> <b>Athlete</b> – Regular jogs/runs and/or regular participation in a dog activity; such as Flyball, Agility, Frisbee, Dock Diving, Nosework, etc.	<p><b>Has your dog every had any formal training?</b>  <input type="checkbox"/> Yes   <input type="checkbox"/> No</p> <p><b>If yes, when and where?</b></p>
<p><b>What commands does your dog understand?</b></p>	
<p><b>Are you interested in receiving information on our training and/or behavior programs?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No  <b>If so, please specify.</b></p>	

<b>Socialization Information</b>	
What kind of toys does your dog enjoy playing with? Check all that apply.	<input type="checkbox"/> Ball <input type="checkbox"/> Rope Tug <input type="checkbox"/> Rubber Tug <input type="checkbox"/> Frisbee <input type="checkbox"/> Squeakers <input type="checkbox"/> Soft <input type="checkbox"/> Stuffed
Does your dog share toys with others?	Dogs: People:
<p>Indicate the level of socialization that best describes your dog's routine:</p> <input type="checkbox"/> <b>None</b> – No knowledge of other dog interaction <input type="checkbox"/> <b>Moderate</b> – Some off-leash playtime on occasion with friend/neighbor's dog(s) <input type="checkbox"/> <b>Extensive</b> – Regular visits to social events, dog parks, daycare, etc.	
<p>If your dog plays with other dogs; check any that apply:</p> <p>Where do they play?   <input type="checkbox"/> Daycare   <input type="checkbox"/> Public Dog Park   <input type="checkbox"/> Backyard   <input type="checkbox"/> Neighborhood</p> <p>What size group?   <input type="checkbox"/> 1-2   <input type="checkbox"/> 3-5   <input type="checkbox"/> 5-10   <input type="checkbox"/> 10-20   <input type="checkbox"/> 20+</p> <p>What size of dog(s)?   <input type="checkbox"/> Smaller   <input type="checkbox"/> Same Size   <input type="checkbox"/> Larger   <input type="checkbox"/> All sizes</p> <p>What sex of dog(s)?   <input type="checkbox"/> Female   <input type="checkbox"/> Male</p> <p>What age of dog(s)?   <input type="checkbox"/> Puppy   <input type="checkbox"/> Adolescent   <input type="checkbox"/> Senior</p> <p>What kind of game does your dog play with other dog(s)?</p>	
<p>How does your dog react to another dog approaching in it a park, at the beach, or on a walk?</p> <p>While on leash?            While off leash?</p>	

## Health & Grooming

Provide details of your dog's diet:

Type:  Kibble  Can  Raw  Other; please specify

Brand: \_\_\_\_\_ Amount:  a.m.  p.m.  Free fed

Does your dog have any allergies?

Yes  No

If yes, to what?

Does your dog have any sensitive areas on his/her body?

Yes  No

If yes, where?

Is your dog frightened by thunderstorms? Or loud noises?

Yes  No

If yes, please describe typical behavior & and what helps your dog relax?

Are there any physical/medical conditions that could be adversely affected by play in our group play program?

Yes  No  Unsure

If yes or unsure, please explain what condition(s)

(hip dysplasia, sensitive pads, sensitivity to very hot or very cold climates, etc.)

Do you have any other comments or information about your dog that might be helpful?

## CANINE REACTION SCREEN

Br = Barks    G = Growls/snarls    B = Bites    T = Tenses up    S = Snaps    N/A = Not applicable

For each of the following items, please indicate which of the above behaviors (if any) your dog exhibits in each circumstance. Please list all that are applicable. (If you dog barks and growls, indicate Br and G.)

	ALWAYS	SOMETIMES	NEVER
Petting on head or shoulders			
Hugging or kissing the dog			
Bending over dog			
Handling feet			
Clipping toe nails			
Handling at or by veterinarian			
Restraining dog for medicating			
Disturb dog while sleeping			
Reprimand verbally			
Reprimand physically			
Correct or jerk with leash			
Push/pull dog off furniture			
Reach for or pull on dog's collar			
Owner approaches while dog is eating			
Owner takes food bowl or treat from dog			
Owner approaches while dog has treat or bone			
Animal approaches while dog is eating			
Animal approaches while dog has treat or bone			
Taking stolen items from dog			
Owner staring into dog's eyes			
Stranger staring into dog's eyes			
Familiar person enters house			
Unfamiliar person enters house			
Stranger approaches when dog with owner on walk			
Reaction to young toddlers or babies			
Approached by child			
Approached by dog while dog on leash			
Approached by dog while dog off leash			
Approach dog while dog near spouse			
Human approaches dog in car			
Dog sees people through front window of house			

## Owner Agreement

By submitting this Social Assessment Application, I am requesting that the staff of Bayside Bed & Biscuit evaluate and determine, in its sole judgment, whether my pet may be suitable for participating in the “group activities” and/or social programs hosted by Bayside Bed & Biscuit. I understand and hereby agree that:

\_\_\_\_\_ **I recognize that there is an inherent risk of injury, illness or death in any environment associated with numerous pets. I also recognize that such risks include, without limitation:**

- *Injuries, usually benign, such as broken nails, sore paw pads, puncture wounds, abrasions and cuts, particularly in shorter coated breeds, etc.*
- *Transfer of a communicable illness such as “canine cough” also known as Bordetella Virus, or “puppy warts” also known as the Canine Papilloma Virus.*
- *Illness or death resulting from stress, altercations, rough play, or contagious diseases.*

\_\_\_\_\_ **I understand that Bayside Bed and Biscuit cannot be held responsible for any injury, illness, death or damage caused by my pet and that I am solely responsible.**

\_\_\_\_\_ **I understand that I am solely responsible for any harm or injury caused by my pet to human(s) or animal(s) and I expressly agree to be held responsible for medical costs due to injuries caused by my pet.**

\_\_\_\_\_ **I represent that my pet is:**

- *In all respects healthy and has received all required vaccinations.*
- *Does not currently have and has not had within the prior 30 days, any communicable diseases.*
- *Is on flea and tick preventative.*
- *Does not suffer from any disability, illness, or condition which could affect it, other pets, or employee’s safety at Bayside Bed and Biscuit.*

\_\_\_\_\_ **I understand and agree that if any problem develops while my dog is on the Bayside Bed & Biscuit campus, my pet will be treated as deemed best by Bayside Bed & Biscuit’s employees in their sole discretion, and that I assume full financial responsibility for any and all expenses involved. We will always attempt to call you in the event of an emergency.**

\_\_\_\_\_ **I agree to provide proof of required vaccinations for each dog prior to vaccinations expiring.**

\_\_\_\_\_ **I expressly agree to be held responsible for any damage to property (i.e., lodging area, fencing, walls, flooring, etc.) or other costs incurred by my pet.**

\_\_\_\_\_ **I understand that if my dog displays aggressive behavior, that for the safety and health of my dog and others, he/she will be confined to an enclosure.**

\_\_\_\_\_ **Bayside Bed & Biscuit considers the safety of your dog most important above all else. If we feel that at any time during the day your dog needs to be given a break in a run to help either cool down or calm down, we reserve the right to do so. If, for any reason, your dog is required to be up for more than a 30 minute “cool-down” time, you will be notified.**

**I REPRESENT THAT I HAVE MADE FULL DISCLOSURE AND HAVE READ, UNDERSTAND, AND ACCEPT THE TERMS AND CONDITIONS STATED IN THIS AGREEMENT, AND ACKNOWLEDGE THAT THIS AGREEMENT SHALL BE EFFECTIVE AND BINDING UPON THE PARTIES AND THEIR RESPECTIVE SUCCESSORS AND ASSIGNS.**

**Owner Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Bayside Representative:** \_\_\_\_\_ **Date:** \_\_\_\_\_