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Date: _____
Client Name: _____
Pet's Name: _____

Group Playtime Assessment and Application

1. Has your dog ever been in a group play or a Dog Park with other dogs before? No _____ Yes _____
2. Breed- if mix please list two predominant breeds in behavior _____
3. Age and how long have you owned your dog: _____
4. Does your dog have any physical disabilities or medical conditions? No _____ Yes _____ (please explain)

5. Has your dog ever bitten a person or another animal? No _____ Yes (please explain) _____

6. How does your dog act around new animals and people? _____

- Has there every been any altercation or fearful reaction from being around new animals or people? _____

- 6a. Which of the following best describes your dog's socialization with other dogs:
None ___ - No knowledge of other dog interaction
Minimal ___ - On leash encounters only
Moderate ___ - Some off leash play on occasion with visitors, neighbors, friends dogs
Extensive ___ - Regular visits to dog social events, off leash parks, or daycare
7. What kinds of games does your dog play with other dogs or people? _____

8. Has your dog ever shared their food or toys with other animals? _____

9. Does your dog have any allergies such as food, medications, environmental, etc.? No _____ Yes (please explain) _____

10. Has your dog ever jumped a fence? No _____ Yes _____
11. Is your dog protective/possessive of food or toys? No _____ Yes _____
12. If there is any other information about your dog you would like us to know, please comment below.

Owner Signature: _____