

**COTTAGE KENNELS AND CATTERY  
TRIAL STAY FORM**

Please complete the relevant sections below. If your dog has any behavioural concerns this will *not* affect our willingness or ability to board them. The importance of disclosing the below information accurately is to allow us to use the best course of action in introducing your dog to our environment and providing them with the appropriate level of care.

Pet Name: \_\_\_\_\_ Surname: \_\_\_\_\_

Breed: \_\_\_\_\_ Age: \_\_\_\_\_ Are they desexed? Y / N

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**About your dog:**

- Has your dog stayed in a kennel or attended day care before? Yes / No
  - Were there any issues or concerns? (If yes, please note below) Yes / No
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**Has your dog ever exhibited any of the following behaviours?**

- |   |  |  |  |
|---|--|--|--|
| <input type="checkbox"/> Excessive Barking  | <input type="checkbox"/> Digging           | <input type="checkbox"/> Dislike of males      | <input type="checkbox"/> Hyperactivity     |
| <input type="checkbox"/> Fence Jumping      | <input type="checkbox"/> Jumping up        | <input type="checkbox"/> Fence fighting        | <input type="checkbox"/> Overexcitement    |
| <input type="checkbox"/> Aggression to dogs | <input type="checkbox"/> Anxiety           | <input type="checkbox"/> Destructive behaviour | <input type="checkbox"/> Biting            |
| <input type="checkbox"/> Fear of strangers  | <input type="checkbox"/> Excessive humping | <input type="checkbox"/> Resource guarding     | <input type="checkbox"/> Snarling/growling |

**On a scale of 1 to 5:**

LOW > HIGH

- What is your dog's level of socialisation outside the home? 1 2 3 4 5
- What is your dog's level of obedience training? 1 2 3 4 5
- What would you rate your dog's adaptability to new situations? 1 2 3 4 5

**How would your dog react to the following situations?**

E.g. Barking, growling, lunging, snapping, fleeing, cowering, excitement, jumping up, calm, no reaction, etc.

Strangers \_\_\_\_\_ Sudden movements \_\_\_\_\_  
Unfamiliar dogs \_\_\_\_\_ Physical handling \_\_\_\_\_  
New places \_\_\_\_\_ Grooming \_\_\_\_\_  
Loud noises \_\_\_\_\_ Putting a lead over their head \_\_\_\_\_

**Is there anything else important we need to know?**

E.g. Bite history, has been attacked, medical conditions and medications, etc.

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Client Signature: \_\_\_\_\_ Trial Date: \_\_\_\_\_