



TEMPERAMENT PRE-SCREENING QUESTIONNAIRE

Autumn's Bed & Biscuit Pet Sitting Services

This profiling assessment helps evaluate your pet's behavioral history to ensure a safe, positive environment. Fields marked with (*) are required.

Owner Name(s):* _____ Pet Name:* _____

1. PET BACKGROUND & HISTORY

Pet Obtained From:* Breeder Rescue Group Other: _____

Pet Age:* _____

Ownership Duration:* _____

Changed Pet's Name? * Yes No

2. PET PERSONALITY PROFILE

Is your pet comfortable around other people?* Yes No

If "No", please specify physical reaction:

Avoidance Growling Nipping Other: _____

Is there anything your pet is fearful of? If yes, please explain:*

Is your pet protective over any objects, food, areas, or people? If yes, please explain:*

Excessive Barker?* Yes No

Jumps on People/Things?* Yes No

Mouths / Play Bites for Attention?* Yes No

Plays Roughly?* Yes No

High Energy Levels?* Yes No

Hand Shy / Avoids Quick Motion?* Yes No

Any touch sensitivities?* Yes No (If yes, specify location): _____

Escape artist tendencies?* Yes No (If yes, specify style/details): _____

3. HOME ENVIRONMENT

Is your pet crate trained?* Yes No Other: _____

Where is pet kept when alone?* Crate Loose / Free Roam Other: _____

Does your pet exhibit separation anxiety? (If yes, describe behavior):*

4. SOCIALIZATION & INTERACTION PROFILE

Has your pet ever attended formal training classes? * Yes No

If yes, list certifications/details:

4. SOCIALIZATION & INTERACTION (CONTINUED)

Has your pet frequented dog parks? * Yes No

If "Yes", pick most accurate behavior style:

- Played well with other dogs Explored the perimeter/area
 Stayed strictly close to you Other: _____

Does your pet display sudden high excitement or extreme interest when: (Check all that apply):*

- Hearing pets scream / squeal / whine Visually sighting other animals
 Positioned around highly aggressive pets

Comfortable navigating around smaller or larger animals? * Yes No

If no, please explain their response:

Have you ever boarded your pet or used a Doggy Daycare facility? * Yes No

If yes, where? _____

List any notable signs of facility stress or issues:

Which service(s) are you actively interested in tracking?*

- In-Home Boarding 24-Hour Nanny Care Overnight In-Home Care
 Drop-In Check Visits Daily Dog Walking Scheduled Pet Taxi
 Other: _____

5. SAFETY, HEALTH & MEDICAL PROFILES

Has your pet ever acted in a threatening or aggressive manner toward humans or animals? * Yes No

If yes/unsure, detail trigger events:

Medical Conditions / Procedures:*

Allergies / Dietary Restrictions:*

History of Seizures? (If yes, describe):*

Current Medications & Dosages:*

Is there anything else you would like to share regarding your pet's routine, traits, or needs?

PARTICIPATION ACKNOWLEDGMENT & WAIVER

Eligibility for daycare and group play is contingent upon passing an initial temperament test. Because dog behavior can change at any time, Autumn's Bed and Biscuit reserves the right to monitor and reassess all pets for safety. If concerning behaviors develop, staff will notify you promptly to discuss a structured behavioral plan or alternative care options. If the behavior does not improve despite these efforts, you may be asked to remove your pet from daycare.

By checking this box, I acknowledge, understand, and agree to the Participation Acknowledgment & Waiver conditions outlined above.*

Full Name:*

Date

Signed:*
