

WAGs Enrollment Form

Complete and return to *The Windsor* and we will be in contact to schedule your interview



Client Name: _____ Phone Number: _____

Pet(s) Name: _____ Breed: _____ Age: _____

1. What is the main reason you are interested in WAGs for you dog(s)?

➤ _____

2. What weekly schedule are you interested in? Please keep in mind that we only accept standing reservations for the WAGs program

➤ _____

3. Has your dog ever bitten a person or another dog? If so, please explain.

➤ _____

4. Does your dog have any physical or medical conditions that could be adversely affected by group play? If so, please explain. (i.e. heart conditions, seizures)

➤ _____

5. How would you describe your dog's social skills? (circle one)

- Minimal – very little dog interaction, rarely, if ever, is involved in off-leash play
- Moderate – some off leash playtime on occasion, has a few dog friends
- Extensive – regularly interacts off leash with other dogs, attends daycare, dog parks, or other social events regularly

6. Has your dog ever climbed/jumped a fence? YES _____ NO _____

7. Has your dog ever opened a door/gate YES _____ NO _____

8. Has your dog ever tried to guard a possession around humans or other dogs (toys, treats, space)
YES _____ NO _____