

Employment Questionnaire

Date: / /

APPLICANT INFORMATION

Name: _____

1. Do you have any pet related allergies? Yes No

2. What is the date of your last tetanus booster injection? _____

3. Are you a member of pet-related organizations? Yes No

If yes, which? _____

4. Do you have animals in your home? Yes No

If yes, please tell us about them: _____

5. Have you ever cared for a dog that was not your own? Yes No

If yes, please describe: _____

6. Have you ever dealt with an animal with a medical emergency or injury? Yes No

If yes, please describe: _____

7. Do you have animal-related hobbies? Yes No

If yes, please list: _____

8. Are you fearful of dogs or cats? Yes No

9. Have you ever been in a situation with an aggressive or fearful animal? Yes No

10. Have you ever been bitten by an animal? Yes No

If yes, please describe the incident: _____

11. Please describe any physical limitations that might limit your ability to come in contact with the animals.

 ADDRESS

768 US-50
Milford, OH

 PHONE

(513) 987-4266

 FAX

(513) 987-42

 WEB

Suitepaws.com

 EMAIL

cincyinfo@suitepaws.com

DOG DAYCARE ATTENDANTS ONLY

1. Have you ever been around a pack of dogs and observed their behavior? Yes No

If yes, please describe:

2. Have you had experience being the leader of a pack of dogs? Yes No

If yes, please describe:

3. Please describe how you would break up a dog fight between 2 dogs.

4. Please describe how you would break up a dog fight with more than 2 dogs.

5. Are you familiar with canine body language? Yes No

6. Please describe what it would mean when a dog is stiff and avoiding eye contact.

7. How would you introduce a new dog to the pack?

8. What would you do if a dog was staring at another dog with a stiff body posture?

9. What would you look for in dog behavior that would be a warning sign to you that a fight might break out?
