

# PAWS STAY & PLAY

Parents: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_ DL.# \_\_\_\_\_ State: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Ph: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Ph: \_\_\_\_\_

Person other than you picking up: \_\_\_\_\_ Ph: \_\_\_\_\_

Boarding: \_\_\_\_\_ Daycare: \_\_\_\_\_ Both: \_\_\_\_\_

Check In Date: \_\_\_\_\_ Pickup Date: \_\_\_\_\_

Pet 1

Pet 2

Pet 3

Name: \_\_\_\_\_

Breed: \_\_\_\_\_

Color: \_\_\_\_\_

Age: \_\_\_\_\_

Sex: \_\_\_\_\_

Weight: \_\_\_\_\_

Altered: \_\_\_\_\_

Allergies: \_\_\_\_\_

Meds: \_\_\_\_\_

Veterinarian's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

How did you hear about us?

website \_\_\_ Drive by \_\_\_ Print Ad \_\_\_ Search Engine \_\_\_ Referral \_\_\_\_\_

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Is there any type of Dog Situation or Person that your pet is uncomfortable with?

No \_\_\_ Yes \_\_\_ Comment \_\_\_\_\_

Has your Dog ever bit or growled at a Person or Dog? No \_\_\_\_\_ Yes \_\_\_\_\_

Can you take Food or Toys away from your pet with No Issues? No \_\_\_\_\_ Yes \_\_\_\_\_

Has your Dog been Sick in the past year? No \_\_\_ Yes \_\_\_\_\_

Has your dog attended Day Care or been Boarded? No \_\_\_ Yes \_\_\_ Which \_\_\_\_\_

Any Issues you like to address about your Dog, What would you like to get out of day care?

**Pet #1 Feeding:** Brand of food provided: \_\_\_\_\_

Morning: Quantity \_\_\_\_\_ Instruction \_\_\_\_\_

Evening: Quantity \_\_\_\_\_ Instruction \_\_\_\_\_

Comments: \_\_\_\_\_

**Pet #2 Feeding:** Brand of food provided: \_\_\_\_\_

Morning: Quantity \_\_\_\_\_ Instruction \_\_\_\_\_

Evening: Quantity \_\_\_\_\_ Instruction \_\_\_\_\_

Comments: \_\_\_\_\_

**Pet #3 Feeding:** Brand of food provided: \_\_\_\_\_

Morning: Quantity \_\_\_\_\_ Instruction \_\_\_\_\_

Evening: Quantity \_\_\_\_\_ Instruction \_\_\_\_\_

Comments: \_\_\_\_\_



# PAWS STAY & PLAY

**Pet #1 Medications:**

No \_\_\_ Yes \_\_\_ (please list all Meds)

Med \_\_\_\_\_ Morning \_\_\_\_\_ Quantity \_\_\_\_\_

Med \_\_\_\_\_ Evening \_\_\_\_\_ Quantity \_\_\_\_\_

Other \_\_\_\_\_

**Pet #2 Medications:**

No \_\_\_ Yes \_\_\_ (please list all Meds)

Med \_\_\_\_\_ Morning \_\_\_\_\_ Quantity \_\_\_\_\_

Med \_\_\_\_\_ Evening \_\_\_\_\_ Quantity \_\_\_\_\_

Other \_\_\_\_\_

**Pet #3 Medications:**

No \_\_\_ Yes \_\_\_ (please list all Meds)

Med \_\_\_\_\_ Morning \_\_\_\_\_ Quantity \_\_\_\_\_

Med \_\_\_\_\_ Evening \_\_\_\_\_ Quantity \_\_\_\_\_

Other \_\_\_\_\_

Is it ok if your dog gets a treat at bedtime if Boarding? No \_\_\_ Yes \_\_\_\_\_

Does your dog have separation anxiety? No \_\_\_ Yes \_\_\_\_\_

Does your dog have siblings? No \_\_\_ Yes \_\_\_ (how many) \_\_\_\_\_

Is there anything you like us to know? No \_\_\_ Yes \_\_\_\_\_

**Pet #1:** \_\_\_\_\_

**Pet #2:** \_\_\_\_\_

**Pet #3:** \_\_\_\_\_

By signing below, you agree the above is correct to the best of your knowledge, and that you will update us with any new information.

Signature \_\_\_\_\_ Date \_\_\_\_\_

