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 _____

17755 SIERRA HWY
SANTA CLARITA, CA 91351

PH 661 · 888 · 2030
FAX 661 · 505 · 1921

info@pawsstayandplay.com
PAWSSTAYANDPLAY.COM

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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: _____

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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 _____

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