



Doggie Day Care & Pet Hotel Enrollment Form

Owner Information

Parent's Name (please list all parents): _____

Address: _____ City/State _____ Zip: _____

Home Phone: _____ Cell Phone: _____

Work Phone: _____ Email: _____

Emergency Contact (other than owner)

Name: _____ Phone: _____

Pet Information

Name: _____ Birth date: _____

Breed: _____ Color/Markings: _____

Male Female Neutered/Spayed: Y N If not, when?: _____

*Mandatory for all dogs 6 months and older. No exceptions per NYCDOH regulations.

Treating Veterinarian: _____ Vet Clinic: _____

Vet Address: _____ Vet Phone: _____

Yearly Heartworm Test? Yes No

If yes, what brand of preventative? _____

Flea and Tick Medication? Yes No

If yes, what brand of preventative? _____

Describe any medical/health issues we need to be aware of (ie. Seizures, heart/hip problems, allergies, etc.)

What are the reasons and approximate dates for your last three vet visits?

1) _____

2) _____

3) _____

Profile

How long has your dog been in your family? _____

Where did you get your dog? _____

How many people are there in your family?

Adults – Male: _____ Female: _____

Children – Male: _____ Female: _____ Ages: _____

Has your dog had any obedience training? Yes No

If yes, to what level? _____

Who was the trainer? _____

Do you use a crate? Yes No

If yes, is the dog comfortable in the crate? Yes No

Is your dog comfortable with having his/her feet touched? Yes No Not Sure

Is your dog comfortable with his/her collar used to lead? Yes No Not Sure

Has your dog ever growled or snapped at anyone who's touched his/her bones, food, or toys?

Yes No Not Sure _____

Does your dog play with other dogs on a regular basis? Yes No Not Sure _____

If yes, how would you describe his/her play? _____

Does your dog prefer certain sexes of dogs? Yes No If yes, which sex? _____

Does your dog dislike any specific type of dog? Yes No

If yes, what type(s)? _____

How does your dog react to puppies? _____

How does your dog react to strangers? _____

Does your dog dislike any specific type(s) or person? Yes No Not Sure

If yes, what type(s)? _____

Has your dog ever attended doggie day care? Yes No

If yes, where? _____

Has your dog ever been boarded? Yes No

If yes, where? _____

Has your dog ever bitten another dog? Yes No

If yes, please describe the circumstances _____

Has your dog ever bitten a person? Yes No

If yes, please describe the circumstances _____

Describe any behavioral problems/idiosyncrasies/special sensitivities we should be aware of:

How did you hear about Paws & Relax? _____

What brand/flavor of food are you currently feeding your dog? _____

Feeding Instructions: _____

VACCINATION RECORDS

Please provide copies of your most recent vaccinations. You can have your vet fax the records to Paws & Relax – 888-233-1699. All dogs must be current on the following vaccinations.

- Rabies Vaccination Certificate (1 year or 3 year)
 - Must be signed by the veterinarian and include: description of the dog, age, color, sex, and breed; name and address of the owner; name of the manufacturer and the lot number; and expiration date of the vaccine.
- Distemper, Adenovirus, Parainfluenza, Parvovirus Combination (1 year or 3 year).
- Bordatella (required every six months)
 - Bordatella must be administered within the last 6 months, and at least 5 days prior to the scheduling of an interview.

Upon receipt and verification of these records, one of the Paws Team members will contact you to set up a Temperament Interview.

I certify that all information submitted by me on this application is true and complete, to the best of my knowledge.

Client Signature: _____

Date: _____

DO NOT WRITE BELOW THIS LINE

APPLICATION REVIEWED BY: _____

DATE: _____

VACCINATIONS VERIFIED BY: _____

DATE: _____

INTERVIEW SCHEDULED BY: _____

DATE: _____

INTERVIEW DATE & TIME: _____

INTERVIEW TEAM: _____

CLIENT RECORD CREATED: _____

DATE: _____

- DAYCARE CONTRACT SIGNED
- CREDIT CARD AUTHORIZATION
- PERMISSION TO ENTER (optional)
- SCANNED