

Client ID: _____
Date _____



Daycare & Boarding Application

(please complete a separate application for each dog)

Owner _____ Date _____

Address _____ City _____ State _____

Zip Code _____

Home Phone _____ Bus Phone _____

Cell Phone _____

E-Mail _____

Emergency _____

Contact _____ Phone _____

Names of people authorized to drop off/pick up your dog* _____

(*Authorized person must show valid picture I.D. or we will not release your dog to their care)

*All overnight guests must be picked up before noon on check-out day or a full daycare rate of \$20 will be charged.

How did you hear about Pawsh Pet Resort & Spa?

Dog Profile:

Pet's Name _____

Breed _____ Date of Birth _____

Color _____ Weight _____ Microchip _____

Pooch & Purr requires all dogs over 6 months of age must be spayed or neutered.

Male _____ Date Neutered _____ Female _____ Date Spayed _____

Markings/Features _____

How long have you had your pet _____

Veterinarian _____
Address _____ Phone _____

Medical Information

Immunization Requirements

It is the responsibility of the client to provide proof of vaccination for each animal attending Pawsh Pet. Dogs whose shots are not up-to-date will not be allowed to attend. The following vaccinations must have been administered 5 days or more prior to attendance:

Date Given: Distemper _____ Bordetella (6 month vaccination) _____
Rabies _____ Rabies Tag No. _____

OWNER UNDERSTANDS THAT EVEN IF OWNER'S DOG(S) IS VACCINATED AGAINST CANINE COUGH (BORDETELLA), THERE IS A CHANCE THAT THE OWNER'S DOG CAN STILL CONTRACT CANINE COUGH. I AGREE THAT I WILL NOT HOLD PAWSH PET RESPONSIBLE IF OWNER'S DOG(S) CONTRACT CANINE COUGH. _____ (INITIAL)

Please list any current medical problems

Has your dog ever had any major surgery or medical condition?

Does your dog have hip dysplasia? _____ If yes, what restrictions need to be placed on your dog's activities/movements?

Is your dog currently taking any medications YES NO
If yes, please describe amounts, times per day, and special instructions:

Does your dog have any sensitive areas? _____
Does your dog use a flea preventative?

If yes, what brand: _____

If there are any signs of either fleas or ticks upon check-in, an immediate dip/bath will be given and an additional fee will be charged to owner.

Is your dog on heartworm Medication? YES NO

Feeding Instructions

Name of food _____ Quantity _____ Frequency _____
Wet _____ Dry _____ Mix _____ Dry with water _____

Food or other Allergies _____

Food Restrictions _____ Is it ok to give your dog treats? Yes ___ No ___

House food? Yes ___ No ___

Please list any type of bone, treat or toy you would prefer your dog not have

Last feeding: Date _____ am _____ pm _____

We request that you bring your pets regular food to avoid causing possible digestive issues. We also ask that the pets food be divided into separate portions for each feeding and labeled with your dog's name and any special feeding instructions. If your dog should run out or have an extended stay we will provide food for an additional \$3 per feeding. We do offer a Holistic transition powder which aids in less digestive problems when converting a dog to new food.

Pet Behavior Questions

Describe your dogs personality (check all that apply)

Calm High Energy Playful Shy/Submissive
 Dominant Aggressive Well Behaved/Listens to Commands
 Barks Excessively Jumps up on People Separation Anxiety
 Destructive with beds and toys Eats unusual item (poop, sticks, rocks)

How long have you had your dog?

Where did you get your dog?

Has your dog ever bitten anyone? _____ If yes, please explain:

Is your dog an escape artist or like to run away? _____

If so, please explain: _____

Has your dog ever jumped a 5 ft or higher fence?

Can you take a food item or toy away from your dog without him/her growling?

_____ If no, please explain _____

Is there anything your dog automatically fears or dislikes?

Does your dog like other dogs and puppies? _____

Will your dog share toys with other dogs?

Has your dog ever been in a play group, ex., dog park, daycare?

Is there any PERSON, DOG, EXPERIENCE or SITUATION that troubles your dog? _____

Has your dog ever exhibited aggressive/possessive behavior towards other dogs, toys, food or people? _____ If yes, please explain:

Does your dog like children? _____

Please explain how your dog behaves around children:

Does your dog have any problems in the following areas? If yes, please explain:

Housetraining/Territorial Marking: __YES __NO
Barking: __YES __NO
Digging: __YES __NO
Chewing: __YES __NO
Not Listening to Commands: __YES __NO
Is your dog scared of anything __YES __NO
Does your dog share food/toys
with other dogs __YES __NO

Has your dog had any formal obedience training? _____

If yes, where and when? _____

What commands or tricks does your dog know?

Does your dog have a bathroom command? _____

What type of collar do you use when you walk your dog? _____

Does your dog pull you while on a leash?

Has your dog ever been to daycare or boarding? _____

If so, when was the last time? _____

Please list any other information about your dog that we should
know _____

Waiver

Owner agrees to conform to and be bound by the policies and procedures of Pawsh Pet. . Owner has provided to the best of their knowledge, that information provided is both accurate and true. Owner has read, understands and agrees to the Pet Care Authorization & Release Agreement. Owner understands that these policies and procedures may be amended at any time. In the vent of failure of the Owner or Owner's Dog(s) to conform to such rules, Pawsh Pet shall have the right to discontinue such rights of Owner's Dog to access Pawsh Pet..

(Print)Owner' Name _____

Owner's
Signature _____