



Primary Owner: \_\_\_\_\_ Secondary Owner: \_\_\_\_\_

Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Primary Cell Phone: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Secondary Owner Cell Phone: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Work Phone: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Work Phone: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Primary Email: \_\_\_\_\_@\_\_\_\_\_ Additional Email: \_\_\_\_\_@\_\_\_\_\_

**Owner Portal Preferred Username:** \_\_\_\_\_ **Preferred Password:** \_\_\_\_\_

\*Passwords must be at least 8 characters long and include 1 uppercase letter, 1 number and 1 special character ex. ! @ # %

\*Please write legibly \*Owner Portal Information is listed on our website or contact us via. Email info@pawquetsplaystay.com

**Emergency Contacts & Additional Authorized Pick-up Personnel :**

(1) Name: \_\_\_\_\_ Cell Phone: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

(2) Name: \_\_\_\_\_ Cell Phone: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

(3) Name: \_\_\_\_\_ Cell Phone: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

**1<sup>st</sup> Dogs Information:**

Name: \_\_\_\_\_ Male / Female Spayed / Neutered / Unaltered Breed: \_\_\_\_\_

Apx. Weight: \_\_\_\_\_ Age: \_\_\_\_\_ DOB or Adoption Date: \_\_\_\_\_ Color / Special Markings: \_\_\_\_\_

Medications? Yes / No If yes, medical instructions?: \_\_\_\_\_

\_\_\_\_\_  
List any medical or physical problems: \_\_\_\_\_  
\_\_\_\_\_

**General Questions** – The following answers will help us care for your dog(s) as if they were our own. Please circle yes or no.

Has your dog boarded in a facility before? Yes / No

Has your dog been socialized with other dogs? Yes / No

Has your dog attended interactive daycare at another facility? Yes / No

\*Would you like your dog to do a daycare evaluation with us? Yes / No

\*\$17 eval fee for 1 dog & \$15 per each additional dog

Has your dog had any temperament issues such as people or fear aggression, destructive behaviors, high anxiety or resource guarding that we need to know about? Please Describe: \_\_\_\_\_

Has he/she been told not to return to prior daycare's for any reason? Please explain: \_\_\_\_\_

Does your dog have any good or bad habits that we should be aware of: If yes, please describe: \_\_\_\_\_

Has your dog escaped a fence (over or under)? Yes / No

Please check any/all that apply:

People Aggressive \_\_\_ Dog Aggressive \_\_\_ Food Aggressive \_\_\_ Toy Aggressive \_\_\_ Fear Aggressive \_\_\_ Separation Anxiety \_\_\_

Digger \_\_\_ Jumper \_\_\_ Coprophagia (poop eater) \_\_\_ Excessive Barking \_\_\_ Excessive Mounting \_\_\_ Destructive Chewer \_\_\_

Is your dog allowed to have treats? Yes / No

**Are you or your dog allergic to peanut butter?** Yes / No

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

**Additional Dog Information:**

Name: \_\_\_\_\_ Male / Female Spayed / Neutered / Unaltered Breed: \_\_\_\_\_

Apx. Weight: \_\_\_\_\_ Age: \_\_\_\_\_ DOB or Adoption Date: \_\_\_\_\_ Color / Special Markings: \_\_\_\_\_

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Is your dog allowed to have treats? Yes / No

**Are you or your dog allergic to peanut butter?** Yes / No

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

### Veterinary Information

Name of Clinic: \_\_\_\_\_ Phone: \_\_\_\_\_

### **Please Provide a Hard Copy of Each Dog(s) Rabies, Distemper and Bordetella Vaccination Records**

Vaccine records must have Expiration dates for each vaccine or the day given and the length of time it is good for as the duration of immunity for each vaccine may vary.

### **Parents are responsible for ensuring their dog(s) remain up-to-date on vaccines and providing Pawquet's with updated records**

### **Unaltered Males over 7 Months of age can not participate in interactive Daycare**

### **Unaltered Females can not participate in daycare during their Heat cycles & 1 week after their Heat cycle is over.**

### **All dogs are required to be kept on a flea and tick preventative**

Parent Initials: X

By Initialing you agree to the above statements

### Medical Authorization

In the event that medical attention is needed, Pawquet's Play & Stay, LLC will make reasonable effort to contact you or your emergency contact. If we cannot reach you or your emergency contact we will contact your veterinarian and will seek their advice. If we cannot contact your veterinarian we will contact and/or transport your dog to the nearest available Emergency Veterinarian Hospital or Clinic.

#### Please let us know your preference:

- Provide treatment to my dog not to exceed \$

- Provide whatever treatment is necessary and allow the veterinarian or emergency contact to make the medical and financial decisions. I agree to be responsible for all costs for treatment. **Initials:**

I authorize Pawquet's Play & Stay, LLC to transport my dog to either the facility as listed above or the closest emergency facility.

I acknowledge that I have read and agree to the above Medical Authorization.

Primary Owner Signature:

Primary Owner Written Name:

Date:

How did you hear about us? \_\_\_\_\_

Welcome to the Family!

~Pawquet's Play & Stay Owner's & Staff