



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: (_____) _____ - _____

1st 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

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: _____

Medications? Yes / No If yes, medical instructions?: _____

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

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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