



Owner Name: \_\_\_\_\_ Additional Owners Name : \_\_\_\_\_

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

Phone: (Home) (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Phone: (Home) (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

(Work) (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ (Work) (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

(Cell) (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ (Cell) (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Email: \_\_\_\_\_ @ \_\_\_\_\_ Email: \_\_\_\_\_ @ \_\_\_\_\_

**Emergency contact information if you are unavailable:**

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

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

If anyone other than the owner has permission to pick up your dog, please give their names:

Names: \_\_\_\_\_

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

Name: \_\_\_\_\_ M / F Spayed / Neutered / Unaltered Breed: \_\_\_\_\_

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

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

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 before? Yes No

Does your dog have separation issues? Yes No

Has your dog been socialized with other dogs? Yes No

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

Does your dog get along with other dogs? 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 shyness, fear or aggression, please describe:

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

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Is there a particular size dog your dog plays best with?: \_\_\_\_\_

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

Does your dog chew his/her bed or anything other than toys? Yes No

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

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Does your dog have an area of his/her body that he/she doesn't like touched? Yes No If yes, describe:

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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\_\_\_ Excessive Chewer \_\_\_

Is your dog allowed to have treats? Yes No

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

Do you give your dog permission to have a Peanut Butter Kong while staying overnight in our luxury room?

Yes No

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

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**2<sup>nd</sup> Dogs Information:**

Name: \_\_\_\_\_ M / F Spayed / Neutered / Unaltered Breed: \_\_\_\_\_

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

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Any medical or physical problems: \_\_\_\_\_

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Does your dog have an area of his/her body that he/she doesn't like touched? Yes No If yes, describe:

\_\_\_\_\_

Please check any/all that apply:

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

Is your dog allowed to have treats? Yes No

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Yes No

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

### Veterinary Information

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

**Please Provide a Hard Copy of each Dogs Vaccination Records**

**We require all dogs to be kept up-to-date with Rabies, Distemper & Kennel Cough Vaccinations**

**Records need to show the expiration date of each vaccine OR the date given and the length the vaccine is good for.**

**Non-Neutered Males over 7 Months of age can not participate in Daycare.**

**Non-Spayed Females can not participate in daycare during their Heat cycles & 1 week after their Heat cycle is over.**

Parent Initials: \_\_\_\_\_

By Initialing you agree to the above statements

(1) Dog Name: \_\_\_\_\_

(2) Dog Name: \_\_\_\_\_

Flea preventive: \_\_\_\_\_

Flea preventive: \_\_\_\_\_

## 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 facility as listed above. I acknowledge that I have read and agree to the above Medical Authorization.

Owner name and address:

\_\_\_\_\_

Telephone: (\_\_\_\_)\_\_\_\_-\_\_\_\_ Email: \_\_\_\_\_@\_\_\_\_\_

Date: \_\_\_\_\_ Owner Signature: \_\_\_\_\_

How did you hear about us?

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Welcome to the Family!

~Linda Paquet (Owner) & Team