



Dog Day Care Information Sheet

**Please fill out one form for each dog so that we may provide the best possible care for your pet. Please bring in the completed form on your first day or email the completed form to Diana@packofpaws.ca, Thank you!*

Owner Information

First Name: _____ Last Name: _____

Address: _____

City: _____ Province: _____ Postal Code: _____

Cell: _____ Work: _____ House: _____

Email: _____ Workplace: _____

First Name: _____ Last Name: _____

Address: _____

City: _____ Province: _____ Postal Code: _____

Cell: _____ Work: _____ House: _____

Email: _____ Workplace: _____

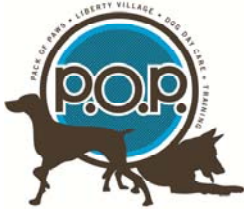
Emergency Contacts

1) Name: _____ Phone # _____

Relationship: _____

2) Name: _____ Phone # _____

Relationship: _____



Owner's Name: _____ Dog's Name: _____ Sex: M / F Date Altered: _____

Microchipped: Yes No Chip #: _____ Describe Collar: _____

Breed: _____ Colors/Markings: _____

Where did you get your dog: _____ How long have you owned dog: _____

Has your dog every attended a boarding facility: Yes No If yes, where: _____

Pet's Health Record (must be accompanied by veterinarian records):

Date of Last Check-up: _____ Date of Last Fecal Exam: _____

Flea/Tick Preventative: _____ Date Last Given: _____

Any known allergies, medical problems or restrictions: _____

Has your dog been ill with any communicable diseases in the past month: Yes No

If yes, please describe: _____

Vaccination Dates: Rabies _____ DHPPV _____ Parvo _____ Bordatella _____

Walks:

Please describe your leash: _____

Does your dog choke on the leash: Yes No

Are there any special instructions to relinquish pulling/choking: _____

Playtime:

Will you be supplying any toys for your dog: Yes No

Is your dog possessive of these toys: Yes No

If yes, please list and describe: _____



Are there any special games your dog enjoys: Yes No

Please list and describe: _____

Personality

Is it okay for your dog to play with other animals: Yes No

If yes, which breed or type of dog does your dog get along with: _____

If no, please explain why or what breed / type of dog: _____

Does your dog have any aggressions toward other animals or people: Yes No

If yes, please describe: _____

Has your dog ever bitten or been bitten: Yes No

If yes, please describe: _____

Does your dog bark/whimper a lot: Yes No

Does your dog dig/scratch: Yes No

Does your dog get frightened easily: Yes No

Does your dog try to escape: Yes No

If yes, please describe all circumstances: _____



Where does your dog like/not like to be touched: _____

What commands does your dog know:

- | | | |
|----------------------------------|--------------------------------------|--------------|
| <input type="checkbox"/> Sit | <input type="checkbox"/> Give Paw | Other: _____ |
| <input type="checkbox"/> Stay | <input type="checkbox"/> Come | Other: _____ |
| <input type="checkbox"/> Bedtime | <input type="checkbox"/> Time to eat | Other: _____ |

Is your dog house trained: Yes No Is your dog crate trained: Yes No

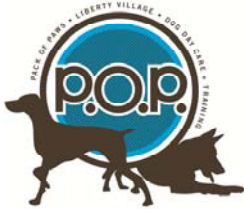
What is your dog's potty command: _____

Anything else we should know: _____

I, _____, have entered the above information as truthfully and accurately as possible.

Client Signature

Date



Veterinarian Release

Pet Information

Veterinarian Information

Type of Animals: _____

Veterinarian: _____

Animal's Names: _____

Address: _____

Birth Dates: _____

Phone: _____

Known medical conditions: _____

During my absence, Pack of Paws. will be caring for my pet(s). In the event of an emergency, I authorize you (veterinarian) to administer medical treatment and will be responsible for payment to you (veterinarian) upon my return.

I, _____, give Pack of Paws permission to transport my pet(s) to the above veterinarian and authorize treatment in the event of an emergency or sickness.

If this veterinarian is not available, I authorize Pack of Paws. to transport my pet(s) to a veterinarian of choice and authorize treatment. If emergency care is needed after regular office hours, my pet(s) may be taken to the nearest Veterinarian Emergency Clinic/Hospital.

I give permission to Pack of Paws, Inc. to approve treatment up to \$_____ (input maximum dollar amount or "no limit"). I agree to be responsible for all charges upon my return including, but not limited to, vet fees, extra visit fees and transportation fees.

I agree that Pack of Paws is released from all liability related to transportation to and from veterinarian and treatment for sickness or emergency.

This release will remain valid for all current and future visits unless a new release is signed.

Client's Signature

Date