



PLAYCARE AND DOG WALKING APPLICATION

OWNER INFORMATION

Date: _____

Client Name: _____ Email: _____

Home Phone _____ Work Phone _____ Cell phone _____

Address _____ City _____ Postal Code _____

Where did you hear about us? We would like to reward our referrals! _____

EMERGENCY CONTACT NUMBER _____

INFORMATION

Dog's Name: _____ Breed: _____ M/F Spay/Neut. _____

Age _____ Birthday _____

What is main goal for your dog's attendance at playcare? (Socialization, human company, exercise, etc)

MEDICAL INFORMATION

Veterinarian _____ Phone _____

Address _____

Health issues: _____

Behavior Issues: _____

Is your dog up to date on vaccinations and Bordatella Vaccine? _____

Is your dog on a flea treatment? _____

Does your dog have pet insurance? _____ Plan # _____

Does your dog have any food allergies? _____

Does your dog take any medications? _____

Past injuries? _____

Current conditions? _____

In the event of an injury, do you authorize the PETITE PAWS PLAYCARE staff to take your dog to your vet at the owner's expense? Yes _____ No _____ Please sign here: _____

PLEASE ANSWER THE FOLLOWING QUESTIONS:

Is your dog house trained? _____

Does your dog eliminate on: Grass? _____ Cement? _____ Asphalt? _____ Any surface: _____

Is your dog aggressive with other dogs? _____

Has your dog been aggressive with people? _____

Is your dog possessive of toys? _____

Has your dog bitten anyone? _____

Has your dog been in previous fights? _____

RATE your dog's energy level "1" being mellow "10" hyper out of control_____

PLEASE NOTE: To ensure the safety of your pet and others, the dog's temperament must first be assessed before being accepted to Playcare or the Dog walking/Potty break program.

Please read and sign: I have read the above questions and hereby state that the answers are true and correct. I also acknowledge that my dog is in good health without illness or injury upon acceptance to our Playcare/Dog walking program.

Owner Signature:_____ Date:_____