**General Information:**

Owner’s Name: Email:

Address: Postal Code:

City/Town: Province:

Phone Number(s): Home: Work: Cell:

Emergency Contact (other than yourself): Phone#:

Persons authorized to pick your pet up (other than yourself):

Name: Phone#:

Name: Phone#:

Name: Phone#:

How did you hear about us? Did anybody refer you to us?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Pet’s Information:**

Pet’s Name: Breed: Color:

Gender: Female: \_\_\_\_\_ Male:\_\_\_\_\_\_ Spayed/Neutered: Y/N

Age/DOB:

How Long Have You Owned The Dog? Was your dog a rescue? Y/N

Veterinarian / Clinic: Vet’s Phone#:

**Medications and/or special needs (please specify)**

What is the medication for?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Medication: AM Afternoon PM

Medication: AM Afternoon PM

Special Instructions/Needs:

**Feeding:**

Does your dog have any allergies?

No ( ) Yes ( ) If yes, Please Describe:

What is the brand name of your dog’s food?

Is your dog free fed(fill a bowl and leave it out all day)?

No ( ) Yes ( )

How much do you feed per meal (Measured cups):\_\_\_\_\_\_\_\_

How many meals a day do you feed?

In the event that your dog stays overnight and they run out of food can they eat our house

food (Pulsar Fish)?

Yes ( ) No ( ) If no, what should we do? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Does your dog require water in his/her kennel overnight?

No ( ) Yes ( )

If yes, would you like us to continue providing overnight water if they consistently spill/dump it?

No ( ) Yes ( )

**Behavior** (Please circle any that apply)

**Dominant / Submissive / Fearful / Timid / Aggressive / Playful**

Comments:

Is there any place on your dog they don’t like to be touched?

No ( ) Yes ( ) If yes, Explain:

Can your dog jump a 6’ fence?

No ( ) Yes ( )

Has your dog ever been to daycare or been boarded overnight?

No ( ) Yes ( ) If so, at what facility? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Has your dog ever been to the dog park?

No ( ) Yes ( )

Is your dog crated while you are not home? Overnight?

No ( ) Yes Sometimes ( ) Yes Overnight ( )

Is your dog afraid of Thunder?

No ( ) Yes ( )

Does your dog have any other fears we should know about?

No ( ) Yes ( ) If yes, Explain:

Has your dog been known to eat or destroy blankets or toys?

Yes ( ) No ( )

**Do you authorize Playful Paws Pet Center to:**

Socialize your dog with other dogs?

Yes ( ) No ( )

Give your dog blankets or toys?

Yes ( ) No ( )

Bathe your dog?

Yes ( ) No ( )

Discipline your dog if necessary ie) muzzle and/or place in X-pen for a time out

Yes ( ) No ( )
Take photo’s and video’s of your dog during their stay with us and post them on our Facebook?

Yes ( ) No ( )

**Please Read and sign below:**

**I certify that I am the pet owner and that Playful Paws Pet Center is authorized to board the above-mentioned pet**

**I also certify the information provided in this document is accurate**

**Signature of Owner:**

**Questionnaire reviewed and accepted by:**