

# Paws

## New Client Pet Questionnaire

Date: \_\_\_\_\_

Your Name: \_\_\_\_\_

Address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Emergency Contact Name and Phone Number: \_\_\_\_\_

Pet's Name: \_\_\_\_\_

Breed: \_\_\_\_\_

Weight: \_\_\_\_\_

Age: \_\_\_\_\_

Sex: \_\_\_\_\_

Spayed/Neutered (yes or no): \_\_\_\_\_

**Please note that intact dogs must be fixed by 9 months old. This is for the safety of your dog as well as the other dogs here, as behavioral issues arise when dogs reach sexual maturity. If you are planning to fix your dog after 9 months of age, we ask that once they reach 9 months (or if behavioral issues arise earlier) that you wait to bring them to daycare until after their procedure.**

How long have you owned your pet? \_\_\_\_\_

Birthday: \_\_\_\_\_

How did you hear of Paws Doggy Daycare? \_\_\_\_\_

Veterinarian Name and Contact Information: \_\_\_\_\_

Is your pet crate trained? \_\_\_\_\_

How long is your pet used to being in their kennel on a daily basis? \_\_\_\_\_

Is your pet on any medications? If so, list all below with instructions for administration:

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Does your pet suffer from any illness or chronic condition? If so, describe below:

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Can your pet receive treats? \_\_\_\_\_

Is your pet house trained? \_\_\_\_\_

Has your pet ever run away or escaped from a fenced area? If so, describe the incident below, including the height of the fence around the enclosure:

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Has your pet ever bitten a person or another dog? If so, describe the incident below:

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Is your pet protective of its food or other objects? If so, describe your pet's behavior below:

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Has your pet ever growled or snapped at a person? If so, describe the behavior below:

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Does your pet have any behavioral issues that we should be aware of? (e.g. fear of thunder, separation anxiety, sensitivities to being touched, fear of strangers, aggression towards larger or smaller dogs, fear of uniforms, etc.) **Please be comprehensive in your disclosure so that we may take steps to accommodate such behaviors and insure the safety of your pet, other dogs, and our staff.**

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Describe your pet's play style. (i.e. Is your pet energetic and physical or low-key and shy?)

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Does your pet interact well with other dogs? \_\_\_\_\_

Are there any other issues regarding your pet that we should be aware of? \_\_\_\_\_

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Signed: \_\_\_\_\_ Date: \_\_\_\_\_

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## Doggy Daycare Agreement

As a condition of service, I (the undersigned) agree as follows:

1. Paws LLC and its staff agree to provide day care services to you for your pet and to make efforts to insure that your pet is provided with a safe and stimulating environment.
2. I authorize Paws LLC and its staff to contact my veterinarian to seek medical attention for my pet as Paws' staff deem appropriate. I agree to assume full responsibility for payment of any veterinary and/or medical charges incurred on behalf of my pet and to hold Paws LLC and its staff harmless for such charges.
3. I, the pet owner, agree to pay to Paws LLC the daily boarding rate plus charges for ancillary services or products requested, including but not limited to late pickup charges, grooming, transportation, special care or feeding and/or any other expenses that may be incurred as a result of the care of my pet by Paws LLC.
4. I acknowledge and agree that I will be charged the agreed upon rate for a full or half calendar day of boarding upon dropping my pet off at Paws' facility.
5. I agree that I am solely responsible for any damage or injury that my pet may cause while it is in the care of Paws' personnel and agree to indemnify Paws LLC and its staff for any such damage or injury.
6. I acknowledge that while at Paws' facility my pet will come into contact with other animals and new environments and that there is risk inherent in such contact. I agree to release Paws LLC from all liability for disease, injury, theft, fire, escape or injury to persons or property or any other damages to my pet while it is in the care of Paws LLC or its staff.
7. I agree to provide up to date veterinary records to establish that my pet is current on vaccinations for DHLPP, Rabies and Bordetella.
8. I authorize Paws LLC to charge my credit card for services rendered in the care of my pet and to pay any costs associated with the collection of past due amounts, including reasonable attorney fees.
9. This agreement is an on-going contract and remains in effect for all future services provided by Paws LLC and its staff.

\_\_\_\_\_  
Signed

\_\_\_\_\_  
Printed Name

Address

\_\_\_\_\_

Phone Number

\_\_\_\_\_

Email

\_\_\_\_\_