

# the PAW

## Enrollment Form

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### Owner Information

Name \_\_\_\_\_

Phone number (H) \_\_\_\_\_ (W) \_\_\_\_\_ (C) \_\_\_\_\_

Address \_\_\_\_\_ email \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
Would you like to receive promotional material? Y or N

Emergency contact person \_\_\_\_\_ Phone numbers(s) \_\_\_\_\_

Veterinarian's name \_\_\_\_\_ Phone number \_\_\_\_\_

Address \_\_\_\_\_ Fax number \_\_\_\_\_

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

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### Pet Information

Pet's Name \_\_\_\_\_ Sex: Male Female Spayed Neutered

Breed \_\_\_\_\_ Color \_\_\_\_\_ Weight \_\_\_\_\_ #

Date of Birth/Age \_\_\_\_\_

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Will you bring your pet's own food Y or N (we provide Nutro's brand food)

Feeding frequency: 1 x per day 2 x per day other \_\_\_\_\_

Does your pet have? Please list/explain below

- Food allergies Y or N \_\_\_\_\_

- Medication allergies Y or N \_\_\_\_\_

-Is your pet on any medications Y or N \_\_\_\_\_

-Please list any other concerns/ special health needs your pet has \_\_\_\_\_

-List games/activities your pet enjoys \_\_\_\_\_

-Is your pet housetrained Y or N

- Has your pet had any obedience training Y or N list type \_\_\_\_\_

- Have you ever boarded your pet Y or N place \_\_\_\_\_

- If yes, please describe your pet's experience \_\_\_\_\_

Please circle any situation that may cause your pet to become unfriendly

grabbing collar      hugs      touching while asleep      touching ears/paws/nose/mouth/tail

other pets approaching      Other \_\_\_\_\_

-In these situations, please circle your pet's usual response(s)

Moves away    trembles    freezes    shows teeth    growls    may bite    will bite

-Has your pet ever bitten another pet Y or N describe \_\_\_\_\_

-Has your pet ever bitten a person Y or N describe \_\_\_\_\_

The following is a list of preventative health care requirements for guests. Please list date given for the following items. A certificate of vaccination, proof of negative fecal, and on going flea prevention must also be provided to us prior to arrival date.

Vaccine/Service/Product	Date given	Date due
Rabies		
DHPP(Da2PP)-canine		
Bordetella		
Fecal float		
Flea/Tick Preventative		
PCR-P-feline		
FeLV/test		

\*Pets also must have nails trimmed short for safety and to help preserve the artificial turf in the outdoor play area

