

# The Pampered Pooch Group

## Boarding & Daycare

Please complete this form with as much information as possible. Completed forms along with vaccination records may be sent to deb@pamperedpoochdayspa.com so we can have a head start getting to know your pup!

First Name		Last Name	
Phone Number	Email Address		Today's Date:
Address			
City & State			Zip Code
Emergency Contact Name			Phone Number

Veterinarian Name/Clinic	Veterinarian Phone Number
--------------------------	---------------------------

### Dog Information

*Please submit one application for each dog who you would like to have in off-leash play*

Dog's Name:		Breed: If a mix, list two predominant breeds in behavior.	
1a. Current age		Date Of Birth:	
1b. How long have you owned your dog?			
Is your dog spayed/neutered?			
2. Where did you get your dog?		What knowledge do you have of your dog's past history?	
3. Why are you considering our off-leash dog play program for your dog? (check all that apply) Play with other dogs So not home alone; check if exhibits symptoms of separation anxiety Exercise: Primary source or Additional source of exercise Recommended by other pet professional (trainer, vet, etc.); Other:			
4. Which of the following best describes your dog's socialization level with other dogs: <input type="checkbox"/> None – No knowledge of other dog interaction <input type="checkbox"/> Minimal – On leash encounters only <input type="checkbox"/> Moderate – Some off-leash playtime on occasion with visitor's/neighbor's/friend's dog(s) <input type="checkbox"/> Extensive – Regular visits to dog social events, off-leash dog parks, dog daycare, etc.			

5. Has your dog had any problems previously in an off-leash social environment?

- No  Yes, (check all that apply)
  - Altercation or fight at a public dog park
  - Altercation or fight with a neighbor or friend's dog
  - Fearful reaction in a group of dogs
  - Dismissed from a prior dog daycare or social playgroup program (complete item 5b)
  - Other (please describe)

6. Does your dog have any allergies? If yes, please explain:

7. Does your dog have any physical disabilities? If yes, please explain and list any restrictions for your dog's activities or movements.

8. Does your dog have any medical conditions? If yes, please explain. If medication is used to control the condition, please provide name and dosage.

9. Does your dog have any sensitive areas on his/her body? If yes, where?

10. Are there any types and/or breeds of dogs your dog seems to automatically fear or dislike? If yes, please describe:

11. How does your dog react to puppies?

12. What kinds of games does your dog play with other dogs?

13. Has your dog ever shared his/her food or toys with other animals? If yes, how does your dog react to another dog approaching his/her food or toys?

14. Has your dog received obedience training? If yes, please describe:

15. What does your dog do to show he/she is upset?

16. Does your dog have any problems in any of the following areas? If yes, please explain:

Housetraining:

Barking:

Digging:

Ignoring commands:

17. Are there any particular types of people your dog seems to automatically fear or dislike?

18. Has your dog ever bitten a person? If yes, what were the circumstances and how did you respond? Please describe injuries (if any).

19. Has your dog ever bitten another animal? If yes, what were the circumstances and how did you respond? Please describe any injuries if there were any.

20. Has your dog ever climbed/jumped a fence? If yes, what were the circumstances? How high was the fence?

21. How would you describe the energy level of your dog?

22. Has your dog ever chased or tried to chase a small animal? If yes, what were the circumstances?

23. Has your dog ever chased someone (or wanted to) on a skateboard or bicycle? If yes, what were the circumstances?

24. Has your dog ever growled or snapped at a **person** who has taken food or toys away from him/her? If yes, what were the circumstances and how did you respond?

25. Has your dog ever growled or snapped at another **dog** who has taken food or toys away from him/her? If yes, what were the circumstances and how did you respond?

26. Other comments or information about your dog that you feel might be helpful?

The Pampered Pooch is to use all reasonable precautions against illness, injury, or escape of my pet(s), but they will not be liable or responsible in any manner whatsoever, under any circumstances, on account of the care, treatment, or safekeeping of my pet(s), as it is thoroughly understood that I assume all risks. \_\_\_\_\_(Initial)

In case of illness or injury, I, the undersigned, do hereby give my consent for The Pampered Pooch Day Spa to transport my pet to a licensed Veterinary as per their protocol\*. I do hereby give my consent for the doctor(s) of said Veterinary Hospital to treat, prescribe for, or operate upon my pet(s) while in their care with no cost to The Pampered Pooch Day Spa. \_\_\_\_\_(Initial)

I have read the foregoing and agree.

\_\_\_\_\_  
Signature of Owner/Representative of Owner

\_\_\_\_\_  
Date

If Boarding Drop off Date \_\_\_\_\_

Pick Up Date \_\_\_\_\_

\*Veterinary Care Protocol 1. Veterinary designated by owner, if after hours or not available  
2. The Pampered Pooch Day Spa veterinary of record (Dr. Cahill, Academy Animal Hospital or Heather Steinbach, Animal Clinic, or Animal Clinic of Diamond). If my pet exhibits signs of fleas and/or infestation upon arrival at the boarding facility, The Pampered Pooch Day Spa reserves the right to treat my pet at owner's expense.