



The DOG'S PAW Client Information Form

2023

A. OWNER INFORMATION

Name:		Telephone:	
Address:		Cell Phone:	
City/Province:		Postal Code:	
Email:			
How did you hear about us?			

B. VETERINARIAN **Proof of vaccination required for boarding.**

Vet Clinic:	
Doctor's Name:	
Telephone Number:	

All vaccines (Rabies, DHPP, Bordetella) must be current (titer tests accepted). If any vaccines have not been administered please hereby release and waive The Dog's Paw (Melissa De Decker) from and against any and all liabilities, losses, damages, costs or expenses of whatever kind or nature including attorney's or veterinary's fees, which the undersigned may incur as a result of any medical problems or other problems that may occur from having or not having the vaccines to the undersigned or their pet(s).

C. EMERGENCY CONTACT/AUTHORIZED PICK-UP LIST

The following individuals are authorized to pick-up my pet(s), should I not be available: (Photo ID may be required)

Contact Name 1:		Relationship:	
Telephone #:		Other Contact Info:	
Contact Name 2:		Relationship:	
Telephone #:		Other Contact Info:	

D. IN CASE OF AN EMERGENCY (Check all that apply)

<p>In the case of an emergency (during and/or after business hours), what would you like The Dog's Paw to do?</p>	<p><input type="checkbox"/> Contact me (or emergency contact) before doing anything.</p> <p><input type="checkbox"/> Take my dog to my vet on file.</p> <p><input type="checkbox"/> Take my dog to the nearest vet ASAP.</p> <p><input type="checkbox"/> Allow natural death (if applicable).</p>
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In case of emergency, all attempts will be made to contact the above party as per the instructions noted in Section D. Any medical costs incurred will be the sole responsibility of the pet owner and will be billed directly to the undersigned. The maximum amount authorized for vetting is \$_____.

Please contact your veterinarian to inform them of the duration that your pet will be in our care.

Signature of Client: _____ Date: _____

1. PET INFORMATION									
Name:			Sex:			<input type="checkbox"/> Altered (fixed)		<input type="checkbox"/> Intact	
<input type="checkbox"/> DOG	<input type="checkbox"/> CAT	Breed:			Colour(s):				
Date of Birth (MM/DD/YY):			/ /		Is your dog social with other dogs?			Yes <input type="checkbox"/> No <input type="checkbox"/>	
<input type="checkbox"/> Social Boarding (\$30+HST)		<input type="checkbox"/> Non-Social Boarding (\$40+HST)		<input type="checkbox"/> VIP Boarding (\$50+HST)		<input type="checkbox"/> Behavioural Boarding (\$80+HST)			
If you do not choose one of the above options your dog will automatically be put into Non-Social Boarding. If you choose Social or VIP Boarding and your dog is not social with the other dogs, we will contact you via email and your dog will receive Non-Social Boarding. If your dog displays aggression towards humans we will contact you and your dog will receive Behavioural Boarding.									
Please check all that apply:		<input type="checkbox"/> Anxiety		<input type="checkbox"/> Cage Aggressive		<input type="checkbox"/> Fear of Loud Noises			
<input type="checkbox"/> High Energy		<input type="checkbox"/> History of Biting		<input type="checkbox"/> Leash Required		<input type="checkbox"/> Nervous Soiler			
<input type="checkbox"/> Potential Aggression w/ People				<input type="checkbox"/> Jumps Up		<input type="checkbox"/> Tends to Chew			
<input type="checkbox"/> Timid/Shy		<input type="checkbox"/> Vocal/Barker		<input type="checkbox"/> Other:					
Medication Instructions:									
Brand/type of food your pet eats:									
Feeding Instructions:			Cup(s)					x daily	
Is your pet on heartworm preventative/flea&tick control?						If yes, what type?			
Vaccination Records (Expiry Date):			Rabies: _____		DHPP: _____		Bordetella: _____		

2. PET INFORMATION									
Name:			Sex:			<input type="checkbox"/> Altered (fixed)		<input type="checkbox"/> Intact	
<input type="checkbox"/> DOG	<input type="checkbox"/> CAT	Breed:			Colour(s):				
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Medication Instructions:									
Brand/type of food your pet eats:									
Feeding Instructions:			Cup(s)						
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Vaccination Records (Expiry Date):			Rabies: _____		DHPP: _____		Bordetella: _____		

Rates are charged on a per night basis regardless of time of drop off. Pick up during our afternoon hours is charged the daycare rate (25+HST). We are open 364 days of the year (closed on Christmas) however we do have modified hours and fees on Statutory Holidays. Please refer to the website (www.delhidogspaw.com). Regular office hours are 8-10am and 3-5pm for pickup & drop-off, except Sunday, we are only open 3-5pm.

Accounts must be paid in full before pets are returned to their owners. We accept cash, cheque or e-transfer as payment.

If your intact female dog comes in heat during her boarding stay you will be charged \$15+HST/night in addition to the regular boarding rate.

I release The Dog's Paw, its staff, owners, representatives, and agents from any and all liability which I or my dog may suffer including but not limited to injury, sickness, damage or death resulting from participation in daycare or overnight boarding.

Any pets not picked up within 7 days of scheduled pick-up date will be deemed abandoned and will be turned over to the appropriate authorities. The Dog's Paw (Melissa De Decker) is not responsible or liable for any abandoned animals. I acknowledge and agree with the above terms.

Signature of Client: _____ **Date:** _____