

4 Paws Playhouse

Client & Pet Information Form

A copy of these documents is required:

1. Current License & Rabies Vaccination Certificate provided by your county [In Pinellas County, it is required by law that pet owners obtain a license for their dogs.]
2. Current Vaccination Record provided by your Veterinarian

Must include due dates for:

Rabies	Distemper	Lepto*
Bordetella [every 6 months]		Canine Influenza
Fecal Ova & Parasite Test		Heartworm Preventative
Flea Tick Preventative		

* ___ I have selected to not have my dog receive the Lepto vaccine and agree that 4 Paws Playhouse will not be liable for any claims of illness stemming from my dog not having this vaccination.

3. Your dog(s) must be spayed or neutered, unless your veterinarian provides a documented medical reason(s).
4. Please bring your dog(s) food, treats and medication, if applicable. If your dog(s) sleeps in their crate, please bring his/hers.

Date: _____

Last Name: _____ First Name: _____

Address: _____

City: _____ State: _____ Zip Code _____

Best contact number () Cell, () Home, () Work: _____

Alternate contact number () Cell, () Home, () Work: _____

Email: _____

Local Emergency Contact Name: _____ Phone: _____

Other Emergency Contact Name: _____ Phone: _____

Veterinarian Office: _____ Phone: _____

I give permission to use photos of my dog(s) for website and marketing.

Payment Methods: Check, Cash or Zelle: 703-3715370

Pet Information – Dog 1:

Name: _____ Breed: _____ Weight: _____

Male/Female: _____ Age: _____ Color: _____

Specific Feeding Instructions: _____

Is there a medical or physical issue or concern? If yes, please describe: _____

Pet Information – Dog 2:

Name: _____ Breed: _____ Weight: _____

Male/Female: _____ Age: _____ Color: _____

Specific Feeding Instructions: _____

Is there a medical or physical issue or concern? If yes, please describe: _____

If, supplements or medication is to be administered - Complete form: "Medication Instructions".

General Questions:

How long have you had your dog(s)? 1 _____ 2 _____

Where did you get your dog(s)? 1 _____ 2 _____

If adopted (rescued), do you know the history of your dog(s)?

1 _____ 2 _____

Do you have any other pets? If yes, what species, breed, age, gender: _____

If multiple dogs please indicate 1 or 2:

How does your dog(s) get along with these pets? _____

How does your dog(s) get along with friend/family pets that visit your home? _____

How does your dog(s) get along with dogs or other animals when outside of your home? _____

What sleeping arrangements do you prefer? _____

Behavior Questions:

If multiple dogs please indicate 1 or 2:

Has your dog(s) ever nipped at or bitten someone? If yes, under what conditions? _____

How does your dog(s) react to strangers he meets off leash? On leash? _____

Is your dog(s) frightened by any noises or objects? If yes, please describe _____

Has your dog(s) attended doggie day care before? Where? _____

Does your dog(s) play off leash with other dogs? Where? _____

Does your dog(s) have a breed or size of dog he likes? _____

Does your dog(s) have a breed or size of dog he does not like? _____

Are there any people that your dog(s) automatically fears or dislikes? _____

What is your dog(s)'s favorite toy? _____

What doesn't your dog(s) like to play with? _____

Does your dog(s) bark or growl during play? _____

How does your dog(s) react if you remove their food while still eating? _____

Do you give DentaSticks, or natural treats, i.e: Jerky _____

Can you take this away from them? _____

Training Questions:

If multiple dogs please indicate 1 or 2:

Does your dog(s) know any commands? __Yes __No

If yes, which: __ Sit __ Stay __ Come __ Leave it __ Off __ Down __ Enough

Does your dog(s) have a command to go to the bathroom? _____

How does your dog(s) show you they want something? _____

Has your dog(s) ever jumped a fence? _____ What was height of fence jumped? _____

Has your dog(s) ever dug out of your yard? _____ Does your dog(s) dig holes? _____

Is your dog(s) mouthy when playing with humans? _____

Is your dog(s) very vocal _____ Is your dog(s) crate trained? _____

Is there any thing that concerns you about your dog(s) behavior? _____

Is there anything else that would be helpful for us to know about your dog(s)? _____

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Authorization to treat ill or injured dog(s)

If my dog(s) 1. _____ 2: _____ become ill or injured while in 4 Paws Playhouse care, I hereby give you the authority to take my dog(s) for veterinary treatment and assume full responsibility for payment up to \$_____ (per dog). Take my dog(s) to:

Veterinary Office: _____ Phone: _____

Address: _____

Or:

Veterinary Office: _____ Phone: _____

Address: _____

If neither is available or if time is of the essence, I authorize 4 Paws Playhouse to use another veterinarian.

I understand that even under supervision, accidents and injuries and fights can occur when dogs are playing. I agree that 4 Paws Playhouse will not be liable for any claims of injury, illness, damage or death to my dog during its stay and that under no circumstances will 4 Paws Playhouse be liable for consequential damages.

I understand that 4 Paws Playhouse (facility or staff) cannot be held responsible for the results of the veterinary treatment or the loss of my pet. This agreement is valid starting on this date:

In the extremely unlikely event that your dog(s) passes away, please tell us how you would like for us to handle this sensitive matter and who would be notified:

I have read and agree to the above contract:

Client Signature: _____ Date: _____

Printed Name: _____

4 Paws Playhouse: _____ Date: _____

Printed Name: _____