

# 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: [4pawsplayhousefl@gmail.com](mailto:4pawsplayhousefl@gmail.com)

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? \_\_\_\_\_

Should circumstances arise, is your dog comfortable being left alone for a short period of time?

Yes\_\_\_\_ No\_\_\_\_ If yes, does your dog need to be crated? Yes\_\_\_\_ No\_\_\_\_

**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/walk vs backyard?

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

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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 anything that concerns you about your dog(s) behavior? \_\_\_\_\_

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

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4 Paws Playhouse

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: \_\_\_\_\_