



Playcare Information Sheet & Release Form

Owner Information:

First Name: _____ Last Name: _____

Address: _____

City: _____ Province: _____ Postal Code: _____

Email Address: _____

Home Phone: _____ Cell Phone: _____

Work Phone: _____

First Name: _____ Last Name: _____

Address: _____

City: _____ Province: _____ Postal Code: _____

Email Address: _____

Home Phone: _____ Cell Phone: _____

Work Phone: _____

Emergency Contacts:

1) Name: _____ Phone# _____

Relationship: _____

2) Name: _____ Phone# _____

Relationship: _____

Dog Information:

Dog's Name: _____ Sex: M / F Spayed/Neutered: _____

Breed: _____ Color: _____ Birthdate: _____

Vet Clinic: _____

Where did you get your dog? _____

How long have you owned your dog? _____

Has your dog ever attended a boarding facility? Yes No If yes, where: _____

Pet's Health Record (must be accompanied by veterinarian records):

Vaccination Dates: Rabies _____ Distemper combo _____ Bordetella _____

Flea/Tick Preventative: _____ Date Last Given: _____

Has your dog been ill with any communicable diseased in the past month? Yes No

If yes, please describe: _____

Any known allergies, medical problems or restrictions? _____

Walks

Does your dog choke/pull on the leash? Yes No

Are there any special instructions to relinquish pulling/choking?

How does your dog react to collar grabs? _____

Are there any special games your dog enjoys: Yes No

Please list and describe:

Personality

What type of player is your dog? (excited, rough, likes to chase or be chased etc)

Which breed/type of dog does your dog get along with best:

Are there any breeds/types of dogs your dog does not along with? If yes please explain what kind & why:

Does your dog have any aggressions toward other animals or people: Yes No

If yes, please describe:

Has your dog ever bitten or been bitten? Yes No

If yes, please describe:

Does your dog bark/whimper a lot?

Does your dog dig/scratch?

Does your dog get frightened easily?

Does your dog try to escape?

Does your dog like the outdoors/play outside/dig, jump or scale fences?

If yes, please describe all circumstances:

Where does your dog like/not like to be touched:

What commands does your dog know:

Sit Stay Wait Come Kennel time Shake a Paw

Others: _____

Is your dog crate trained? Yes No

Is your dog house trained? Yes No

Anything else we should know:

During my absence, I have hired The Paw Resort and Wellness Centre. Their staff will be caring for my pet(s). In the event of an emergency, I authorize _____ (Veterinary Clinic) to administer medical treatment and will be responsible for payment to you, The Paw Resort, upon my return. I, _____, give The Paw Resort and Wellness Centre permission to transport my pet(s) to the above veterinarian and authorize treatment in the event of an emergency or sickness. If this veterinarian is not available, I authorize The Paw Resort and Wellness Centre to transport my pet(s) to a veterinarian of my choice and authorize treatment. If emergency care is needed after regular office hours, my pet(s) may be taken to the nearest Veterinarian Emergency Clinic/Hospital.

I give permission to The Paw Resort and Wellness Centre to approve treatment up to \$_____ (input maximum dollar amount or "no limit"). I agree to be responsible for all charges upon my return including, but not limited to, vet fees, extra visit fees and transportation fees.

I agree that The Paw Resort and Wellness Centre is released from all liability related to transportation to and from veterinarian and treatment for sickness or emergency. This release will remain valid for all current and future visits unless a new release is signed.

I, _____, have entered the above information as truthfully and accurately as possible.

Client Signature: _____ Date: _____