

Application for Doggie Daycare or Animal Boarding

	ployee Initials):		
Date			
PARENT INFORMATION			
Name (please list all parents)			
Address		y Zip _	
Home Phone: Work/C	Cell Phones:		
Email:			
(by supplying this, you mo	ay receive periodic email from	n 4 Paws Unleashed)	
Emergency Contact Person (other than yourself o	or spouse):		
Relationship:	Phone 7	# :	
Others authorized to pick up my pet:			
PET INFORMATION (separate form ne Pet's Name: Sex: Female Male			
Birthday	Breed		
Color Weig	ht lbs	Microchip ID#	
/eterinarian/Vet Clinic		Phone:	
/accinations (Date next due) Rabies	DHLPP	Bordatella	
Vaccinations (Date next due) Radies	DHLPP	Bordatella	
A copy of your dog's vaccination	n record showing	the above items is re	equire
before your dog can attend dayco	are or be boarded	d with 4 Paws Unleasi	hed, I
How did you hear about 4 Paws Unleashed	Tnc2		

HEALTH, BEHAVIOR & GROOMING

Does your pet have any physical limits need special attention or may prevent of play?		□ No jumping□ No rough play□ Other			
Is your pet taking any medications? (p	lease describe)				
Does your pet have any allergies? (plea	se describe)				
Does your pet like to be brushed?					
Additional comments or information we should know about your pet? (i.e. special sensitivities, idiosyncrasies, behavioral problems such as food aggressive, etc)					
Dog Information					
Describe your dog's activity level:	□ Lazy □	☐ Moderately Active ☐ Very Active			
Is your dog crate trained?	Yes □ No				
	☐ Shy ☐ Mellow ☐ Out going ☐ Excitable ☐ Active				
Describe your dogs' personality: (Check all that apply)	☐ Couch potato ☐ Rambuncous ☐ Slow to warm-up ☐ Content to be around others				
Is your dog afraid of any noise (i.e. thunder) and what is his reaction?		oc around others			
How often does your dog socialize wit	_	_			
□ None □ Minimal	□ Moderate	☐ Frequent			
How does your dog play with other do	_				
□ Barks a lot □ Is submissive	☐ Is agressive	\square Tries to hide \square None of these			
Has your dog ever climbed or jumped (Please describe the situation)	over a fence?				
Parent's Signature:		Date:			
Parent's Printed Name:					