

## Dogs Paw Client Information

Name \_\_\_\_\_ Spouse \_\_\_\_\_  
Home phone \_\_\_\_\_ Work phone \_\_\_\_\_  
Cell phone \_\_\_\_\_ Spouse's cell phone \_\_\_\_\_  
Address \_\_\_\_\_  
Email address \_\_\_\_\_

### Pet Information

Pet's Name	Age	Breed	Male or Female	Spayed or Neutered
_____	_____	_____	M/F	Y/N
_____	_____	_____	M/F	Y/N
_____	_____	_____	M/F	Y/N
_____	_____	_____	M/F	Y/N

### Vaccinations:

Client is responsible for acquiring all vaccinations: Rabies, DHLPP (Distemper,) and Bordetella. A copy of vaccination record from veterinarian is required. The records can be faxed to Dogs Paw (218-237-3303), emailed ([luxurydogspaw@gmail.com](mailto:luxurydogspaw@gmail.com)) or brought with you at check in. **For the safety of all visiting pets: No dogs will be allowed to stay for boarding or daycare without complete vaccination records.**

Veterinarian \_\_\_\_\_ Vet's phone \_\_\_\_\_

**Medical Info:** Medication \_\_\_\_\_ When taken \_\_\_\_\_

For \_\_\_\_\_ Dosage \_\_\_\_\_ How given (i.e. pill pockets, etc.) \_\_\_\_\_

Any history of seizures? \_\_\_\_\_ How often do seizures occur/duration? \_\_\_\_\_

Known allergies (other than food) \_\_\_\_\_

Any previous physical injuries or physical limitations? \_\_\_\_\_

### Feeding Instructions

How often does your pet eat? \_\_\_\_\_ How much per feeding? \_\_\_\_\_

What kind of food? \_\_\_\_\_ Any Known Food Allergies? \_\_\_\_\_

Is it OK for your pet to eat Dogs Paw treats? Yes/ No

Can your dog jump an excess of 5 feet? Yes/No

Does your dog show signs of destructive behavior? Yes/No

Has your pet ever shown aggressive behavior towards a person, dog, or cat? *(Explain in detail)*

\_\_\_\_\_  
\_\_\_\_\_

Anything extra that will help us take better care of your pet? \_\_\_\_\_

Emergency contact information: Name \_\_\_\_\_

Phone \_\_\_\_\_

Names of anyone other than Client or Spouse authorized to pick up your pet:

\_\_\_\_\_

**Dogs Paw's Lodge  
Boarding & Daycare Agreement**

Owner(s): \_\_\_\_\_ Dog(s) \_\_\_\_\_

This contract includes boarding dates for all pets currently owned by the above client and all new pets the client acquires.

This contract is between Dogs Paw Lodge and the client listed above who has signed below.

1. Dogs Paw Lodge does not knowingly board dogs that are sick , injured or any pet that does not follow the current Dogs Paw vaccination requirements.
2. Client agrees to pay the current boarding rate per calendar day, from the date of arrival to the date of departure.
3. If your pet becomes ill or in need of medical attention, we reserve the right to administer aid and/or to use the first available veterinarian. Dogs Paw staff will contact any emergency number given as soon as reasonably possible.
4. If veterinary attention is needed, the client agrees to pay all veterinary and other necessary services incurred by and for the pet during its stay at Dogs Paw.
5. **Client is responsible for acquiring all vaccinations, Rabies, Distemper (DHLPP), and Bordetella client must provide Dogs Paw with the vaccination dates**, the name and phone number of the veterinarian who administered those vaccinations. Client is responsible for asking their veterinarian about the time effectiveness of each of the vaccinations.
6. Client agrees that any veterinarian involved with the care of your pet may release any medical information pertaining to their pet at anytime before or after boarding visit.
7. Client agrees to pay all charges in full when they pick up their pet(s). The client understands that pets may not leave the premises until all charges are paid in full.
8. Client agrees to be solely responsible and liable for any and all acts of behavior of their pet(s). This may include, but is not limited to, injury or death to pet, injury or death to another pet(s), or injury or death to a staff member or any other member of the public. Dogs Paw Lodge does not assume and shall not be held liable for any damages which may accrue from any cause what so ever, including loss of pet(s) by fire, theft, running away by the pet, or damage or loss of property (ours or yours) causes by the client's pet while boarding at Dogs Paw.
9. Client represents to Dogs Paw that their pet(s) have not been exposed to Rabies, Distemper, Parvo, Bordetella, or Canine Influenza 6 months prior to being boarded at Dogs Paw.
10. All "Guests" (Pets) are socialized with other guests, or residents of Dogs Paw Lodge. This means that your pet will be in direct contact with other pets during their stay at the Dogs Paw Lodge. The Client assumes liability for possible negative outcomes from this direct contact.
11. Dogs Paw recommends the use of Frontline or a similar product to prevent infestations of fleas due to direct contact with other dogs.
12. **If my dog should receive a non-life threatening injury during his/her stay at Dogs Paw, I would like: (Pick one)**

- 1.) My Veterinarian \_\_\_\_\_ to be called immediately.  
My vet's emergency contact number is \_\_\_\_\_
- 2.) Dogs Paw staff to call me (owner) \_\_\_\_\_ immediately.  
I can be reached at this number \_\_\_\_\_
- 3.) Use their discretion based on Dogs Paw staff observation and assessment.

\_\_\_\_\_  
Client Signature

\_\_\_\_\_  
Date