

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) 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

Has your pet ever shown aggressive behavior towards a person or dog? *(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:
