

Play and Stay Pet Care Center

Pet Profile

Owner's Name: _____

Pet's Name: _____ Date of Birth: _____ Breed: _____ Color: _____

_____ Male _____ Female Is your pet Neutered or Spayed? Yes _____ No _____

Written Vaccination verification from your veterinarian is required (please attach separately)

Dogs Over 6 Months: Rabies, DHP, Bordetella (for "canine cough")

Dogs under 6 months: DHP and Bordetella

Cats: Rabies, FLVRP, FeLV

My Pet is taking medication: Yes _____ No _____

Medication Name: _____

Illness/Reason: _____ Time/Dosage: _____

Describe how to administer (ie. In peanut butter, in cheese, etc) _____

Use back of form for additional medications, and indicate additional medications by checking here _____.

List all food or other allergies: _____

Has your pet had any contagious diseases in the past 30 days?: Yes _____ No _____

If yes, please explain: _____

What (if any) restrictions/limitations need to be placed on your pet's activities?: _____

My Pet Is Easily Scared By or reacts negatively to (hats, men, tall people, etc): _____

My Pet Is: Shy Mellow Aggressive Excitable Active

My dog plays well with which dogs (circle all that apply): Big Little Older Younger Puppies All Dogs **NO DOGS**

Describe your dog's behavior around other dogs: _____

My Dog Has: Bitten Growled Bared Teeth Shown Threatening Behavior

Detail circumstanced of any checked: _____

Is there any particular dog breed your dog reacts to negatively or positively?: Yes _____ No _____

Explain: _____

Has your pet ever stayed in a boarding or daycare facility? When / where? _____

What did you like or dislike about the experience or facility?: _____

Has your dog ever been refused admittance to or expelled from day care? Yes _____ No _____

If yes, when and why? _____

Is your dog protective/possessive of anything, such as food, toys or people? If yes, please explain: _____

Additional information you would like us to know about your dog: _____

Brand of Food: _____ Caned Dry Other _____

Amount per feeding (# of cups, portion of can, etc): _____

When? Morning Afternoon Evening **OR** Free Feed – food available at all times (dry only)

How is your dog's food served? Dry Moist Soaked Warmed Other _____

Are any supplements used? Yes _____ No _____

Supplement Name: _____

Amount given and when: _____

Describe how to give (ie. In peanut butter, in cheese, etc) _____

Use back of form for additional supplements, and indicate additional supplements by checking here _____.

Describe all items being left at Play and Stay Pet Care Center. Be as specific as possible. Provide name of item, brand, color, etc.

Your dog's personal items will be available for comfort while in his/her kennel. In the normal course of use, your dog's bedding, toys, comfort items, and other personal items may not be returned in their original condition following its stay at Play and Stay Pet Care Center.
