

All About Paws

Guest Registration & Information Sheet

Pet Name: _____ Date: _____

Owner's Name: _____ Phone #: _____

Age: _____ Breed: _____

Gender: ☐ Male ☐ Female ☐ Neutered / Spayed

CHECK ALL THAT APPLY TO YOUR PET

DOG

☐ Rabies

☐ Bordetella

☐ DHLPP (Distemper-Hepatitis-

Leptospirosis-parvovirus-Parainfluenza)

☐ Heartworm Prevention – type _____

☐ Flea & Tick Protection – type _____

****We will need copies of up to date vaccination records to keep on file. Must be performed by a Licensed Veterinarian****

FOOD

We will be happy to serve meals to our guest (EN Intestinal diet) but meals brought from home are also welcome; please seal and label pet's food in sealed bag, container, etc.

FEEDING: (what do you do at home?) **Brand of Food:** _____

Amount: _____ Times per day: _____

Morning: _____ Afternoon: _____ Night: _____

How does your pet usually spend his/her day:

Indoors _____% Outdoors _____%

Where does your pet sleep?

Crate _____ Sofa _____ Human's Bed _____ Own Bed _____

Dog House _____ Floor _____ Other _____

Is your pet housebroken or crate trained? _____

Does your pet use pee pads at home? Yes ☐ No ☐

What is your pet's typical daily routine?

Has your pet been to a boarding facility before? Yes ☐ No ☐

What did you and your pet like or not like about the experience?

Does your pet play well with others? Yes ☐ No ☐

Has your pet ever received formal training? Yes ☐ No ☐

If yes with who _____

Does your pet enjoy going for car rides? Yes ☐ No ☐

Does your pet like to play in water? Yes ☐ No ☐

How does your pet react when getting his/her nails clipped?

Is there any type of person, breed, size of dog, shape, sex, etc. that your animal doesn't like? Please be specific _____

All About Paws DAYCARE / BOARDING APPLICATION

OWNER INFORMATION

Name:

Address:

City:

Zip Code:

Home phone:

Cell:

Work:

E-mail Address:

EMERGENCY CONTACT INFORMATION (someone not traveling with you)

Name:

Relation:

Home phone:

Cell:

Work:

Who besides yourself is authorized to pick up your pet(s)?

Name:

Phone:

Name:

Phone:

Name:

Phone:

DOG/CAT/OTHER INFORMATION

Name:

MALE

FEMALE

Breed:

Weight:

Age:

Colors/Markings:

Birth Date:

MEDICAL INFORMATION

Veterinarian:

City:

Phone:

Does your pet take any medications?

NO

YES - if yes please list below

Will We be administering
YES ☐ NO ☐

Medication:

Directions:

Time:

All About Paws

Release and Agreement

Our Overall goal at All About Paws is to be a home away from home for your pet, ensuring a safe, secure, comfortable, and fun environment while under our care. Every effort will be made by our staff at All About Paws to provide that type of environment for your pet, however animal behavior can be unpredictable at times.

By signing below, I agree that I am solely responsible for any harm caused by my pet(s) while in the care of All About Paws. I hereby release All About Paws, its owner/s and employees, from all liability for injuries to myself, to my pet(s), to other people and/or other pets. I agree to accept responsibility for all risks involved in Doggie Daycare, and agree to release All About Paws from any liability/responsibility whatsoever. I assume full financial responsibility for any and all expenses involved with my association with All About Paws.

I understand/agree that any problems that develop with my pet(s) will be treated as deemed best by All About Paws staff in their sole discretion. In the case of an emergency, or if I can't be reached, I authorize Veterinarian care to provide for the safety and comfort of my pet(s) and agree to full financial responsibility for any fees which may result. All About Paws reserves the right to deny entry or remove of any pets from the premises for any reason at any time.

Owner's Signature _____ Date _____

I agree that my pet(s) may be videotaped and/or photographed by All About Paws. The owner also agrees that their pet(s) may be used on the All About Paws website or in published material promoting, publicizing, or advertising the services of All About Paws.

Owner's Signature _____ Date _____

Boarding Reservations & Cancellations Policy

Our goal at All About Paws is to be able to accommodate all of our clients. We do however have a limited amount of kennels for boarding. We have a waiting list to try to find every way possible to accommodate our clients with their boarding needs. Unfortunately, sometimes we have to turn our new & regular clients away due to being booked.

We understand that sometimes circumstances beyond your control can happen, and you need to cancel an already scheduled boarding appointment. We are requiring a 48 hour business notice of your cancellation. That is 48 hours prior to the scheduled drop off day. This will allow us time to accommodate someone else.

In additions to cancellations, reservations need to be made for the precise time that is needed for your animal's stay. You are required to pay for the entire reservation you have scheduled with us. Unfortunately there will be no refunds for an early pickup due to the fact we could have accommodated another client in the kennel you have reserved. We are sorry for any inconvenience.

In the event that the cancellation policy is not followed you will be responsible for paying for the first night of scheduled boarding for each animal scheduled. Here at All About Paws it is also our policy to pay for boarding at drop off.

All About Paws would like to say Thank You for understanding, and helping us in our continued goal to accommodate both you as our clients and our mutual four-legged friends.

Client Signature _____ Date _____