

## **Dog Services Application**

Suite Paws must have proof of vaccines BEFORE any boarding, daycare, or grooming. No exceptions. We require dogs to be current on Rabies, Distemper/Parvo, and 6 month Bordetella ALL Dogs (6 months and older) must be spayed/neutered to join in group play We also require that your dog is on a Flea/Tick preventative

Date: / /				
CLIENT INFORMATION				
Owner Name:	Additional Owner:			
Cell Phone:	Additional Cell Phone:			
Home Phone:	Work Phone:			
Address:				
City:	State:	Zip:		
Email:				
Emergency Contact Name & Phone (other than yourse	elf)			
Who else has permission to pick up your pet from us?	)			
How did you hear about Suite Paws Pet Resort	t & Spa?			
*ADDRESS *PHONE FAX	<b>₩</b> EB	<b>*</b> EMAIL		



## **DOG INFORMATION**

Dog Name:	: Approx. Weight:		
Date of Birth (or approximate age if unknown):	Breed:	Color:	
Sex: Is your pet spa	ayed or neutered?	YES	NO 🔲
WHERE DID YOU GET YOUR DOG?	HOW LONG HAVE Y	OU HAD YOUR DOG?	
Dog Name:	Appro	x. Weight:	
Date of Birth (or approximate age if unknown):	Breed:	Color:	
Sex: Is your pet spa	ayed or neutered?	YES	NO 🔲
WHERE DID YOU GET YOUR DOG?	HOW LONG HAVE Y	OU HAD YOUR DOG?	
Dog Name:	Appro	x. Weight:	
Date of Birth (or approximate age if unknown):	Breed:	Color:	
Sex:Is your pet spa	ayed or neutered?	YES	NO
WHERE DID YOU GET YOUR DOG?	HOW LONG HAVE Y	OU HAD YOUR DOG?	
MEDICAL HISTORY  Any previous serious illnesses or surger  If yes, please describe:	ries? (Other than being spayer	d/neutered) YES	NO
Any pre-existing medical conditions?		YES	NO
If yes, please describe:			
> Any allergies of which you are aware?		YES	NO
If yes, please describe:			
VETERINARIAN INFORMATION:			
Clinic Name	Phone Nu	ımher·	



## **BEHAVIOR**

	Does your dog growl at you if you get near their food?	YES_		_NO
>	Can you easily take your dog's food away while they are eating?	_YES		_NO
>	Has your dog ever growled at or bitten another person or dog?	YES		NO
	If yes, please explain the circumstances:			
>	Has your dog ever been bitten by another dog?	YES_		NO
	If yes, please explain the circumstances:			
>	Does your dog seemed frightened or uneasy around any type of person or situation	on?	YES	NO
	If yes, please explain the circumstances:			
>	Is there anywhere on your dog's body that they do not like to be touched?		YES	NO
	If yes, please explain the circumstances:			
>	Will your dog easily share toys with other dogs or people?		_YES_	NO_
	Has your dog ever tried to eat rocks / gravel?		YES_	NO_
	If yes, please explain the circumstances:			
>	Has your dog ever jumped or climbed over a 4ft (or higher) fence or barrier?		YES	NO
•	If yes, please explain the circumstances:			
>	Would you consider your dog an "Escape Artist"?		YES_	NO_
	If yes, please explain the circumstances:			



If you would like your dog to be involved in group play you must answer the following questions. Your dog will need a temperament test if they are new to our daycare.

Has your dog	g ever socialized with	a large group of dog	s (more than 6) ?	YES	NO
• If yes, ple	ease explain the circu	ımstances:			
	s over 40lbs, have the		mall dogs (under 15l	bs)? YES	NO_
<u> </u>	s under 15lbs, have tl ease explain the circu		larger dogs (over 40	lbs)? <u>YES</u>	NO
COMMENTS Please list anything	else you would like	us to know about ou	ır future guest:		
<b>ॐ</b> <u>ADDRESS</u>	<b>*</b> <u>PHONE</u>	<b>*</b> <u>FAX</u>	<b>❖</b> <u>WEB</u>	<b>*</b> EMAIL	
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Durham, NC 27707