



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 yourself*) _____

Who else has permission to pick up your pet from us? _____

➤ How did you hear about Suite Paws Pet Resort & Spa? _____

 ADDRESS
4350 Garrett Road
Durham, NC 27707

 PHONE
(919)246-7530

 FAX
(919)267-2862

 WEB
Suitepaws.com

 EMAIL
durhaminfo@suitepaws.com



DOG INFORMATION

Dog Name: _____ Approx. Weight: _____

Date of Birth (or approximate age if unknown): _____ Breed: _____ Color: _____

Sex: _____ Is your pet spayed or neutered? YES NO

WHERE DID YOU GET YOUR DOG? _____ HOW LONG HAVE YOU HAD YOUR DOG? _____

Dog Name: _____ Approx. Weight: _____

Date of Birth (or approximate age if unknown): _____ Breed: _____ Color: _____

Sex: _____ Is your pet spayed or neutered? YES NO

WHERE DID YOU GET YOUR DOG? _____ HOW LONG HAVE YOU HAD YOUR DOG? _____

Dog Name: _____ Approx. Weight: _____

Date of Birth (or approximate age if unknown): _____ Breed: _____ Color: _____

Sex: _____ Is your pet spayed or neutered? YES NO

WHERE DID YOU GET YOUR DOG? _____ HOW LONG HAVE YOU HAD YOUR DOG? _____

MEDICAL HISTORY

➤ Any previous serious illnesses or surgeries? (Other than being spayed/neutered) YES NO

If yes, please describe: _____

➤ 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 Number: _____

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? 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:

