



4366 Indianola Ave., Columbus, OH 43214 (614) 262-PAWS www.ParkYourPaws.org

1 Your Dog

Name: _____ Breed: _____ M or F

Age: _____ Weight: _____ Birthdate: _____

2 Your Dog's Doctor

Name: _____

Address: _____

Phone: _____

3 Owner Information

Name: _____

Address: _____

Home Phone: _____ Work Phone: _____

Cell Phone: _____ Which number is preferred? _____

Email: _____ Is it ok to send pictures/updates to this email?

4 Emergency Contact – Other than yourself

Name: _____

Home phone: _____ Work phone: _____

Cell phone: _____

List any person authorized to pick-up your dog if you cannot:

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General Information

Where did you get your dog? _____

If adopted, do you have any knowledge of your dog's past history? _____

How many days a week are you considering doggie daycare? _____

Preferred days _____

How did you hear about Park Your Paws Doggie Daycare? _____

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Health/Grooming

At what age was your dog spayed/neutered? _____

Is your dog current on ALL vaccinations? _____ yes _____ no

Is your dog currently on heartworm prevention? _____

What flea program is your dog on? _____

Is your dog on any medications? If so please list _____

What type of dog food do you feed your dog? _____

Is it okay to give your dog treats during the day? _____

What restrictions, if any, need to be placed on your dog's activities or movements? _____

Does your dog have any allergies? _____

Does your dog like to be brushed? _____ yes _____ no

How does your dog react to having his/her paws touched? _____

Does your dog have any sensitive areas on his/her body? _____

Behavior

Does your dog act afraid of any specific items or noises? If so, please explain: _____

Are there any kinds of dogs your dog automatically fears or dislikes? _____

How does your dog react to puppies? _____

Where does your dog sleep at home? (In bed, crate, dog bed) _____

Has your dog ever:

Growled at someone? _____ yes _____ no

What were the circumstances: _____

Bitten someone? _____ yes _____ no

What were the circumstances: _____

Does your dog have any problems in any of the following areas: (if so, please explain)

Mouthiness: _____

Housetraining: _____

Barking: _____

Jumping: _____

Others: _____

Has your dog ever growled or snapped when his/her food or toys were taken away? _____ yes
_____ no

Has your dog ever shared his/her food or toys with other animals? _____

Does your dog play with any toys? _____ yes _____ no

If yes, what kind of toys does your dog like and what games does he/she play?

How often does your dog meet new dogs it does not already know? _____

Has your dog ever been in a dog fight? If so what happened? _____

Has your dog ever had any formal obedience training? _____ yes _____ no

If yes, when and where? _____

What commands does your dog know, including bathroom, quiet, play, etc.?

Other comments about your dog that you feel might be helpful:

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Health and Temperament Certification

I, _____, hereby certify that my

dog, _____ is in good health and has not been ill with any communicable condition in the last 30 days.

I further certify that my dog has not harmed or shown aggressive or threatening behavior towards any person or any other dog.

Signature of Owner: _____ Date: _____

*Please attach copy of vet records showing dates of vaccinations and bordatella

Terms and Conditions Agreement

1. I understand that I am solely responsible for any harm caused by my dog while my dog is attending Park Your Paws or is using any other services provided by Park Your Paws.
2. I further understand and agree in admitting my dog that Park Your Paws has relied on my representation that my dog is in good health and has not harmed or shown aggression or threatening behavior toward any person or any other dog.
3. I further understand and agree that Park Your Paws and their staff and volunteers will not be liable for any problems that develop provided reasonable care and precautions are followed. I hereby release Park Your Paws, their staff, and volunteers of any liability of any kind whatsoever arising from my dogs' attendance and participation at Park Your Paws.
4. I further understand and agree that any problem that develops with my dog will be treated as deemed best by the staff at Park Your Paws, in their sole discretion, and that I will assume full financial responsibility for any and all expenses involved. I authorize Park Your Paws to obtain medical records and/or treatments for my dog in the event of injury or illness from my veterinarian or from the closest veterinary clinic. By signing this document I further direct said veterinarian to provide such records upon request.
5. I further understand that if I fail to provide proof of current vaccinations or if my dogs' vaccinations are found to be expired or otherwise incomplete, Park Your Paws has the right to refuse service until current proof is provided. If my dog arrives at the facility with fleas and/or other parasites, Park Your Paws has the right to bathe and quarantine my dog until picked up by myself or my agent, and I take full responsibility for any expenses incurred for such reasons.
6. I further understand that my dog may experience minor cuts, scratches, and abrasions due to the nature of dog play. I realize that paws may initially become sensitive, or bothered until my dog becomes used to running on different surfaces.
7. I further understand that Park Your Paws is a place where animals co-mingle in groups and I am responsible for the medical treatment of any injuries that my dog receives while at Park Your Paws.
8. I allow my dog to be photographed, videotaped, and/or used in any media or advertising without prior approval by me. All such photographs, etc., are the property of Park Your Paws.
9. I further agree to all fees set forth by Park Your Paws and understand that I will be charged for no shows and I will be charged \$10 for every 15 minutes or part thereof past the scheduled pickup time.

I certify that I have read and understand the terms and conditions set forth on this page, the application, and health forms. I agree to abide by the terms and conditions and accept all terms, conditions, and statements of this agreement.

Name of owner and dog (please print): _____

Signature of owner: _____

Date: _____



Credit Card Release and Authorization Form

Visa MasterCard Discover American Express

Card Holder's Name: _____

Credit Card Number: _____

Expiration Date: _____

Credit Card Mailing Address: _____

Contact Number: _____

I understand that I will be charged for no shows and I will be charged \$10 for every 15 minutes or part thereof past the scheduled pick-up time. ALL CHARGES ARE NON-REFUNDABLE.

Card Holder's Signature: _____

Date: _____