



APPLICATION FORM

Date:

OWNER INFORMATION:

Owner 1 Name:

Home Phone:

Work Phone:

Cell Phone:

Email:

Owner 2 Name:

Home Phone:

Work Phone:

Cell Phone:

Email:

Address:

City:

State:

Zip:

How did you hear about House of Paws?

Emergency contact name:

Emergency contact phone number:

PET INFORMATION:

Pets Name:

Breed:

Sex: Male Female

Spayed / Neutered: YES NO

Color: Weight:

Birthdate:

VET INFORMATION:

Vets Office:

Phone:

Address:

City:

State:

Zip:

FEEDING INSTRUCTIONS:

Brand of food: Canned Dry

Times per day: How much:

Can you take food away from your pet without he/she growling? YES NO

If your pet is boarding with a sibling can they eat together? YES NO

PET PROFILE: HEALTH/ MEDICAL INFORMATION

Does your pet have any food allergies? If yes, please explain:

Is your pet allergic to anything? If so, please explain:

Has your pet been injured in the last 60 days? If yes, please explain:

Does your pet have any known disabilities or injuries? If so, please explain:

Would these conditions potentially limit your pet level of play during his/her stay? YES NO

What form of flea and tick control do you use?

Is your pet currently taking any medications? If so, please list type, amount, and daily dosage:

PET PROFILE: BEHAVIOR/TRAINING INFORMATION

How long has your pet been in your family?

How did you obtain your pet and how old was your pet when he/she joined your family?

Is your pet house trained? YES NO

Has your pet been crate trained? YES NO

Has your pet ever attended daycare? YES NO

Has your pet ever been boarded overnight? YES NO

Has your pet ever jumped or climbed a fence or barrier? YES NO

Does your pet eat anything potentially harmful? (toys, rocks, poop, etc.) YES NO

Are there any restrictions on your pet's activities or length of activity time? YES NO

What restrictions?

Has your pet ever growled, snapped or bitten another animal or person? YES NO

If yes, explain:

Has your pet ever exhibited any aggressive behavior? YES NO

If yes, please specify what type and the correlating circumstances.

Will your pet easily share toys with other pets? YES NO

Has your pet ever socialized with large groups of other pets? YES NO

Where and how many?

Does your pet have any sensitive areas on his/her body? YES NO

If so, what areas?

Describe any behavioral problems:

Describe your pet's temperament:

List any situation/objects that have frightened your pet:

Please list any additional notes or information you would like us to know about your pet here: