



THE
PAWINGTON
A PREMIER PET RESORT

The Pawington
116 Beacon Street
South San Francisco, CA 94080
T 650.588.7788 F 650.588.7780
thepawington.com

DOG PROFILE FORM

CLIENT INFORMATION:

First Name: _____ Last Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Work Phone: _____

Cell Phone: _____ Email: _____

Emergency Contact:

Name: _____ Relationship: _____ Phone Number: _____

Please list those who are authorized to pick up your dog:

1.) Name: _____ Relationship: _____

2.) Name: _____ Relationship: _____

Veterinarian Clinic:

Clinic Name: _____ Address: _____

Telephone Number: _____

DOG INFORMATION

Dog's Name: _____ Primary Breed: _____

Weight: _____ Color: _____ Age/Birthdate: _____

Check all that are appropriate:

Male Female Spayed Neutered Unaltered

Has your dog ever attended a daycare or boarding facility in the past? Yes No

PERSONALITY

Has your dog ever bitten another dog *or person*? Yes No

If yes, please explain: _____

Please describe any situations in which your dog may become unfriendly:

Other: _____

Has your dog displayed any of the following reactions? (Please check all that apply):

May bite Growls Snaps Shows teeth Trembles Freezes Moves away

Your dog plays best with: No Dogs Big Dogs Little Dogs Older Dogs Puppies

MEDICAL HISTORY

Is your dog currently taking any medications? Yes No

NOTE: IF CHECKED YES, PLEASE COMPLETE AND SIGN A MEDICATION ADMINISTRATION FORM FOR EACH PET

Is your dog on Heart Medication or Medication for Seizures? Yes No

Is your dog displaying any symptoms such as coughing, sneezing, or upset stomach? Yes No

Does your dog have any previous or current injuries, physical problems or health concerns, including allergies? Yes No If yes, please explain _____

Does your dog have any physical restrictions while playing, or sensitive area on the body? Yes No

If yes, please explain: _____

VACCINATION RECORDS

Please list the current expiration dates for the following vaccinations: (front desk can contact your vet directly for proof of vaccines if needed). Bordetella vaccination must be administered at least 7 days prior to any services at The Pawington; 3 days for a nasal vaccination. CIV (Canine Influenza Virus- first shot required to begin services, second Booster required to continue service).

Rabies _____ DHLPP _____ Bordetella _____ CIV _____

Is your dog currently on a flea preventative medication? (Required for all guests) Yes No

Date it was last given: ____ / ____ / ____, **If The Pawington finds evidence of ticks or fleas, treatment will be provided at owner's expense.**

Shampoo Selection: The Pawington administers free departure baths for guests boarding for 7+ nights.

*You may change this selection at any time by speaking to our front desk:

Oatmeal Shampoo & Conditioner Hypoallergenic Tearless Plum Shampoo

I, the undersigned, hereby acknowledge and agree that all the information in this application is complete and accurate to the best of my knowledge. I further attest that if I am not the sole owner or representative of the dog subject to this application that my signature is sufficient to enter into this application for and on behalf of any other owner or representative.

Signature of Owner: _____ Date: _____