

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

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

If yes, please explain: _____

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

The Pawington cannot offer services to dogs with seizures, congestive heart failure, significant heart murmurs, and other serious health conditions. For these ailments, please use a medically prepared veterinarian. We apologize for the inconvenience.

Please inform us prior to any visit if your dog is experiencing coughing, sneezing or GI issues.

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: _____

VACINATION REQUIREMENTS: The Pawington requires these vaccines for dogs

- Rabies
- DHLPP
- Bordetella (If never received prior, must be administered 7+ days prior to services)
- CIV (Canine Influenza Virus- 1st shot is required prior to using services)

To upload your vaccine records, you can use the online form on our website, thepawington.com/vaccine-form. If your records are unavailable, you can request our front desk contact your vet. Titers for some vaccines may rarely suffice on a case by case basis, contact our front desk.

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, necessary 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: _____