

Canine Guest Information & Services

Pampered Pet Services Resort & Spa

Owner Last Name _____ First Name _____

1) Pet Name _____ Breed _____ Color _____

Spayed: yes / no Neutered: yes / no Weight _____ Age _____ Birth Date _____

2) Pet Name _____ Breed _____ Color _____

Spayed: yes / no Neutered: yes / no Weight _____ Age _____ Birth Date _____

3) Pet Name _____ Breed _____ Color _____

Spayed: yes / no Neutered: yes / no Weight _____ Age _____ Birth Date _____

Medication notes: _____

Veterinarian _____ **Phone** _____
Clinic _____

DISPOSITION & PERSONALITY TRAITS (check all that apply)

- | | | |
|---|---|--|
| <input type="checkbox"/> High-energy | <input type="checkbox"/> Dislikes ears touched | <input type="checkbox"/> Digger |
| <input type="checkbox"/> Outgoing and playful | <input type="checkbox"/> Dislikes paws touched | <input type="checkbox"/> Chews up bedding/toys |
| <input type="checkbox"/> Timid/shy | <input type="checkbox"/> Dislikes mouth touched | <input type="checkbox"/> Barks a lot |
| <input type="checkbox"/> Excitable | <input type="checkbox"/> Dislikes tail touched | <input type="checkbox"/> Jumps |
| <input type="checkbox"/> Couch potato | <input type="checkbox"/> Dislikes being brushed | <input type="checkbox"/> Chews/Swallows rocks |
| <input type="checkbox"/> Independent but friendly | <input type="checkbox"/> Dislikes being touched when sleeping | <input type="checkbox"/> Escape Artist |
| <input type="checkbox"/> Fearful | <input type="checkbox"/> Climbs over fences | <input type="checkbox"/> Dislikes being grabbed by collar |
| <input type="checkbox"/> Dislikes other dogs/cats | <input type="checkbox"/> Dislikes face-to-face contact with | <input type="checkbox"/> humans <input type="checkbox"/> animals |

Has your pet been lodged before? Yes No
If yes, how did they do? _____

Does your pet exhibit any unusual behaviors? Yes No
If yes please explain. _____

Has your pet attended daycare before? Yes No
If yes were there ever any problems. _____

Has your pet had any formal training? Yes No
If yes please list commands. _____

Does your pet have any old injuries/health concerns? Yes No
If yes please explain. _____

- Does your pet have any current injuries/health concerns? Yes No
 If yes please explain. _____
- Does your pet have any restrictions to activities or movements? Yes No
 If yes please explain. _____
- Is your pet allergic to any products, medications, foods, or treats? Yes No
 If yes please explain. _____
- Has your pet ever shown aggressive behavior to anyone? Yes No
 If yes please explain. _____
- Has your pet ever shown aggressive behavior towards another animal? Yes No
 If yes please explain. _____
- Is your pet on heartworm preventative? Yes No
- Is your pet on flea/tick preventative? Yes No

Feeding Instructions

I will be bringing food from home and I have my pet's food **labeled and separated for each feeding.**

Number of Feedings a day Morning Afternoon Evening

Dry food brand name _____ Amount per feeding _____

Canned food brand name _____ Amount per feeding _____

If my pet decides to be a finicky eater, it is okay to supplement these foods as enticement:

canned petfood chicken broth hotdogs other _____

Please separate my pet friend(s) from each other for feedings.

Just Separate _____ from other(s). Separate all _____

Should you not bring food or if the pet runs out of food PPSRS will provide food for the pet for a fee.

Additional Notes: _____

Emergency Contact	Relation	Phone Number
-------------------	----------	--------------

Others authorized to pick-up my pet:(ID must be shown at guest departure)

Name	Relation	Phone Number
------	----------	--------------

Owners Signature: _____ Date: _____