Paws at Play	Guest Profile
	9108 Glenwood Ave
	Raleigh, NC 27617
	Phone: (919) 785-9495 // Fax: (919) 785-9496
	pawsatplaybc9108@gmail.com
Of Brier Creek	www.pawsatplay.com
Owner's Information	

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Owner's Name:	 Co-owner's Name:		
Address:	 		
City:	 State:	Zip:	
Cell:	Wo	ork:	
Email:			

Emergency Contact:

(Please note: We may release your pet to this person in the event of an emergency if you are unreachable)

Primary Contact's Name:		Relationship:	
Cell:	Home:	Work:	
Secondary Contact's Name:		Relationship:	
Cell:	Home:	Work:	

Pet's Information

General:

Pet's Name:		Breed:			
Color:	Sex:		Spayed/Neute	red: 🗌 Yes	🗌 No
Date of Birth:	Microchip: _				
Where did you acquire your pet:			_ Date Acquired: _		
If adopted/rescued, are you aware of your	pet's history?	Yes [No		

Health:

Veterinary Clinic:	Phone:
Heartworm Prevention:	Flea/Tick Prevention:

Does your pet have, or have they ever had, any of the following medical conditions? If yes, please explain if any special care or activity restrictions need to be in place for your pets safety & well-being:

ACL Injury: Yes No
Arthritis: 🗌 Yes 👘 No
Blind: 🗌 Yes 🗌 No
Bloat: Yes No
Collapsed Trachea: Ves No
Deaf: Ves No
Diabetes: Ves No
Ear infection: Yes No
Epilepsy: Yes No
Food Allergies: Yes No
Heart Condition: Yes No
Hip Dysplasia: 🗌 Yes 👘 No
Hot Spots: 🗌 Yes 👘 No
Intestinal Parasites: Yes No
Seasonal Allergies: Yes No
Sensitive Paw Pads: Yes No
Spinal Cord Injury: Yes No
Stress Colitis: Yes No
Urinary Tract Infection: Yes No
Other Condition/Surgery: Yes No

Daily Routine:

Dog Food Brand/Type:	
Amount Per Feeding:	Times Fed Per Day:
Approximate times per day pet urinates:	Defecates:
Are there any other pets in your household: \Box Yes	\Box No If yes, please list type, age \mathcal{C} sex of each pet:

How does your pet behave around other household animals:

What type of toys does your pet enjoy:	
Is your pet comfortable being leash walked: 🔲 Yes	□ No
Is your pet crate trained:	

Behavioral:

Does your pet know any commands: Yes No		
Would you consider your pet dominant or submissive:		
Does your pet enjoy playing with other dogs: Yes No		
Has your pet ever growled, snapped or bitten you or another person: \Box Yes \Box No		
Has your pet ever growled, snapped or bitten another dog or pet: Yes No		
Has your pet ever displayed any of the following behaviors? If yes, please explain if any special care or activity restrictions need to be in place for your pets safety & well-being:		
Digging: Yes No		
Dominance/Humping: Yes No		
Eating Rocks/Sticks: Yes No		
Fear of Children: Yes No		
Fear of Loud Noises: Yes No		
Fear of Men: Yes No		
Food Aggression: Yes No		
Kennel Aggression: 🗌 Yes 🗌 No		
Leash Aggression: Yes No		
Mouthing: 🗌 Yes 🗌 No		
Protective of Owner: Ves No		
Protective of Toys: Yes No		
Separation Anxiety: Yes No		
Shredding of Beds/Toys: Yes No		
Thunderstorm Anxiety: Yes No		

Please add any additional information/comments about your pet that may be helpful for our staff to know:

Policies & Requirements **Initial Next to Each Policy to show you understand & Agree to all information**

Hours of Operation: (Initial _____) (*Please note: These hours are subject to change during holidays and/or due to inclement weather*)

Monday - Friday: 7:00 AM - 7:00 PM Saturday: 8:00 AM - 4:00 PM Sunday: 4:00 PM - 6:00 PM (*Boarding pick up & drop off only*)

Food: (Initial _____)

We highly recommend that you bring your pet's own food in order to avoid a sudden change in diet which could result in GI upset such as vomiting and/or diarrhea. If needed, you are welcome to use our in house diet for an additional charge of **\$1.00 per meal for dry or \$2.50 per can of wet**. We supply Prescription Purina EN, a gastrointestinal diet specially formulated to ease the digestive system when an abrupt diet change occurs. Please note that some pets may still experience GI upset depending on their level of sensitivity.

All food and treats must be submitted in sealed containers or ziploc bags as required by the NC Department of Agriculture. Any food that is not packaged correctly will need to be repackaged by our staff for an additional **\$10.00 repackaging fee.**

We provide stainless steel bowls; however, if your pet requires a special bowl *(slow feeder, plastic, etc)* then please provide one at drop off. Finally, if your pet has any food sensitivities, allergies or digestive issues, please alert our receptionists so that the proper precautions may be taken.

Medications: (Initial _____)

Anything in addition to your pets normal food and/or treats, such as glucosamine, fish oil, probiotic, insulin, etc., are considered medication and will incur an **administration charge of \$2.00** each time it is given. All medication must be brought in their original container. Please do NOT mix medication in with your pets food. Any medication that is not packaged correctly will need to be repackaged by our staff for an additional **\$10.00 repackaging fee.**

Personal Belongings: (Initial _____)

For your convenience, we supply stainless steel bowls, raised cots *(upon request)*, blankets and towels for no additional charge. You are welcome to bring your own bedding and/or toys, but please be aware that some pets may chew their belongings when in a different environment. As an added courtesy, all washable items will be laundered before your pet departs. Please let our receptionists know if you do NOT want your pet's belongings to be washed. All belongings are inventoried upon arrival to prevent items becoming lost. **Paws at Play will not be responsible for any lost or damaged items if you choose to leave them with your pet.**

Daily Care Rate: (Initial _____)

Monday through Saturday our boarding check out time is 1:00 PM. If your pet is not checked out by this time, the **daily care rate of \$27.00** will be applied. This does not apply to Sunday pick up due to limited hours.

Early Pick Up Policy: (Initial _____)

Non-Holiday Reservation: You are welcome to change your reservation dates at any time prior to check in without penalty. At check in, we will confirm your pet's departure date and your reservation will become locked. If you choose to pick your pet up from boarding early, you will still be responsible for the dates that we confirmed at check in. If you are unsure of your exact departure date, we recommend scheduling for the earlier date and extending out as needed.

Holiday Reservation: Due to high demand and limited availability, your holiday reservation will become locked immediately. You are welcome to shorten your reservation; however, you will still be responsible for all dates originally reserved.

Deposit & Cancellation: (Initial _____)

Non-Holiday Reservation *(New/archived client)*: A deposit equal to a one night stay is required in order to schedule your reservation. If your reservation is cancelled within 48 hours, your deposit becomes **nonrefundable**. Otherwise, your deposit will be applied to your account as a credit.

Non-Holiday Reservation *(Established client)*: We do not require a deposit; however we do still require a 48 hour notice of cancellation. If your reservation is cancelled within 48 hours, a cancellation fee equal to a one night stay will be applied to your account.

Holiday Reservation: A \$100.00 deposit is required in order to schedule a holiday reservation. Due to high demand and limited availability, this deposit is **nonrefundable** and unable to be applied as account credit.

Daycare & Boarding Packages: (Initial _____)

Packages may be refunded within 30 days of purchase; however, nights/days already used will be charged at the single rate and the difference will be refunded. After 30 days, packages are nonrefundable. Packages expire one year from the date of purchase, and any nights/days not used prior to the expiration date will be forfeited. Package holders are subject to the same policies concerning cancellations and no-shows as non-package holders. All pricing and policies are subject to change without notice. Packages are unable to be used during peak season holiday dates. During this time, the single night rate will be applied in addition to a nonrefundable deposit. These dates include 5 days prior to and 5 days past a calendar holiday.

Payment: (Initial)

We accept Visa, Mastercard, Discover, American Express, cash and checks (driver's license required) as payment. Your balance is to be paid in full at the time of check out. We do not carry open accounts. If you plan to have a friend or family member pick up your pet, we will require payment in advance.

Spay/Neuter: (Initial_____)

We require that all pets are spayed or neutered by 12 months of age. This will help to prevent any dominance and/or aggression that can develop as a pet matures. We do not allow any females in heat into our facility.

Required Vaccinations: (Initial _____) (*Must be performed by a licensed veterinarian*)

- 1. Rabies
 - a. Adult: 1 or 3 year vaccine depending on age & veterinary discretion
 - b. Puppy: Required once your veterinarian indicates your pet is old enough to receive
- 2. DHPPV (*Distemper*)
 - a. Adult: 1 or 3 year vaccine depending on age & veterinary discretion
 - b. Puppy: Must have had at least 2 boosters in their series
- 3. Fecal (Intestinal parasite screening)
 - a. Adult: Negative within 1 year
 - b. Puppy: Negative within 1 year
- 4. Bordetella (Kennel cough)
 - a. Adult: Current within 6 months
 - b. Puppy: Current within 6 months

Required Preventatives: (Initial)

(Must have proof of veterinarian approved purchase)

- 1. Flea & Tick: Current on a monthly preventative
- 2. Heartworm & Intestinal Parasite: Current on a monthly preventative

All incoming pets are screened for external parasites such as fleas and ticks. We continue to monitor closely for both external and internal parasites during your pet's stay. All of our enclosures and play yards are thoroughly cleaned and sanitized daily in order to prevent infestation. Paws at Play strives to maintain a clean, healthy and parasites free environment. Unfortunately, due to the nature of our facility, we cannot completely eliminate the risk of parasites being transferred. It is extremely important that your pet be kept current on all preventatives in order to ensure that they are protected as best as possible from the most common parasites.

I have read, understand and agree to all above policies, information and pricing. I understand that submitting a signed guest profile is a binding agreement.

Client Signature _____ Date: _____