

# Doggie Spa & Play Care

## CLIENT QUESTIONNAIRE

### OWNER INFORMATION

Name: \_\_\_\_\_ Email: \_\_\_\_\_  
First Name(s) Last Name

Address: \_\_\_\_\_  
Number & Street City State Zip

Phone: \_\_\_\_\_  
Home Phone Cell Phone #1 Cell Phone #2 Work/Alternate Phone

Alternate Emergency Contact: \_\_\_\_\_  
First & Last Name Home Phone Cell/Alternate Phone

### PET INFORMATION

Pet's Name	#1:	#2:	#3:
Breed			
Color			
Birthday			
Gender (circle)	Male / Neutered / Female / Spayed	Male / Neutered / Female / Spayed	Male / Neutered / Female / Spayed
DHLPP Expiration Date			
Rabies Expiration Date			
Bordetella Expiration Date			
Dog License Expiration Date			
Heartworm Preventative Brand/Frequency			
Flea Preventative Brand/Frequency			
Current Medications			

### VETERINARIAN INFORMATION

Clinic/Veterinarian Name: \_\_\_\_\_ Phone: \_\_\_\_\_

HOW DID YOU HEAR ABOUT OUR SERVICES? Referral: \_\_\_\_\_

Newspaper Ad: \_\_\_\_\_ Website Facebook Other: \_\_\_\_\_

**PET PERSONALITY PROFILE** (One pet per page. Please complete an additional page for each additional pet).

Pet's First & Last Name: \_\_\_\_\_ Breed: \_\_\_\_\_

How old was your dog when he/she joined your family? \_\_\_\_\_

Where did you get your dog? If adopted/rescued, what knowledge do you have of your dog's past history? \_\_\_\_\_

Your dog's household consists of:      ( ) men      ( ) women      ( ) kids      ( ) dogs      ( ) cats/other animals

Is your dog spayed/neutered?    ( ) YES    ( ) NO    If yes, at what age was this performed? \_\_\_\_\_

What injuries/diseases/disorders/allergies/etc. has your dog been treated for in the past? \_\_\_\_\_

If your dog has ever growled or snapped at any person/other dog that has tried to take food or toys away from your dog, please describe the circumstances: \_\_\_\_\_

If your dog has ever intentionally bitten a person or other dog, please describe the circumstances: \_\_\_\_\_

Does your dog have any problems in the following areas? If yes, please explain.

- |                             |                                      |
|-----------------------------|--------------------------------------|
| ( ) Aggression _____        | ( ) Ignoring Commands _____          |
| ( ) Digging _____           | ( ) Inappropriate Chewing _____      |
| ( ) Escape Artist _____     | ( ) Jumping Up _____                 |
| ( ) Excessive Barking _____ | ( ) Separation Anxiety _____         |
| ( ) Fear Biting _____       | ( ) Toy/Food/People Possessive _____ |
| ( ) Housetraining _____     | ( ) Other _____                      |

What are your dog's grooming needs? Please list how often you like to have each service performed.

- |  |                                 |
|--|---------------------------------|
| ( ) Groom: Light Trim (only feet, feathers, ears, pads, sanitary area trimmed) _____ | ( ) Bath _____                  |
| ( ) Groom: Full Haircut (hair trimmed all over the body) _____                       | ( ) Nail Trim _____             |
|  | ( ) Ear Cleaning _____          |
|  | ( ) Anal Gland Expression _____ |

Why do you feel Doggie Play Care will be beneficial for your dog? \_\_\_\_\_

How often do you plan to bring your dog to play in Doggie Play Care? (circle)

3 days/week    2 days/week    1 day/week    as needed    only in conjunction with boarding    other: \_\_\_\_\_

What special needs does your dog have when he/she is staying for Non-Traditional Boarding? \_\_\_\_\_

Other comments about your dog that you feel might be helpful: \_\_\_\_\_

**PET PERSONALITY PROFILE** (One pet per page. Please complete an additional page for each additional pet).

Pet's First & Last Name: \_\_\_\_\_ Breed: \_\_\_\_\_

How old was your dog when he/she joined your family? \_\_\_\_\_

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# Doggie Spa & Play Care

## MEDICAL CARE, HOLD HARMLESS, AND SERVICE AGREEMENT

Your pet is important to us! We want to assure you that every effort will be made to make your pet's visit as pleasant as possible. Occasionally, attending our services will expose a hidden medical problem or aggravate a current one. This may occur during or after participation in our services.

In the best interest of your pet, we request your permission to seek immediate veterinary attention should it become necessary. Doggie Spa & Play Care, LLC has made arrangements for emergency medical care with the following veterinary hospital:

**Marshall Animal Care Center, 713 North Brewer Street, Marshall, MI 49068, 269-781-5114**

I hereby grant my permission to Doggie Spa & Play Care, LLC to obtain emergency veterinary treatment for my pet. I understand and agree that I will assume full financial responsibility for any and all expenses incurred on behalf of my pet. I further understand and agree that Doggie Spa & Play Care, LLC will not be held liable for any problems that develop with my pet.

I understand that in admitting my dog, Doggie Spa & Play Care, LLC has relied on my representation that my dog meets all requirements to participate. I hereby certify that my dog is in good health and has not been ill with a communicable condition in the last 30 days. I further certify that my dog has not harmed or shown any threatening behavior toward any person or other dog.

I understand and agree that vaccines and other preventative medications are not 100% effective and participation in any service increases a dog's exposure and therefore risk of contracting a communicable condition, such as Canine Cough or fleas. I understand and accept the risks inherent to participation. I further understand and agree that Doggie Spa & Play Care, LLC will not be held liable for any problems that develop with my dog during or after participation in any service.

I understand and agree that any problems that develop with my dog will be treated as deemed best by the staff of Doggie Spa & Play Care, LLC, at their sole discretion, and that I will assume full financial responsibility for any and all expenses incurred on behalf of my dog.

I understand and agree that I am solely responsible for any harm caused by my dog while attending services provided by Doggie Spa & Play Care, LLC. I further understand and agree that the staff of Doggie Spa & Play Care, LLC reserves the right to refuse participation in any service, at any time, as deemed necessary to preserve a safe environment for all participants.

I hereby grant my permission to Doggie Spa & Play Care, LLC to use any pictures taken of my dog while attending any service for business advertising, marketing, and promotional purposes.

I hereby affirm that I have read and understand Doggie Spa & Play Care, LLC's "General Information & Policies" and "Medical Care, Hold Harmless, and Service Agreement." I hereby agree to abide by the policies set forth and accept all terms, conditions and statements of this agreement.

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Signature of Owner

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Print Name of Owner

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Date

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Name of Dog(s)