

NEW CUSTOMER APPLICATION

**CLIENT INFORMATION**

It is important that you provide all information below so that we have the correct contact information on file. If any of the information below changes, please contact us to update your file.

**PRIMARY OWNER**

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Secondary Phone \_\_\_\_\_

Email \_\_\_\_\_ Secondary Email \_\_\_\_\_

**EMERGENCY CONTACT** (preferably someone who lives local and will not travel with you)

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Home Phone \_\_\_\_\_ Secondary Phone \_\_\_\_\_

**HOW DID YOU HEAR ABOUT US?**

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**VET INFORMATION**

Name of Vet / Clinic \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**VETERINARY RELEASE FORM**

I understand that in the event of an emergency, South Paw Massage and Wellness will make every attempt to contact me and my emergency contact. In the event of an emergency, I authorize the following:

In the event of illness or Injury, I authorize South Paw Massage and Wellness to seek appropriate medical treatment for my pet(s). I understand that every effort will be made to take my pet to the clinic specified on this form. If the situation permits however, South Paw Massage and Wellness has permission to seek treatment at any veterinary clinic. As the pet owner, I am responsible for all vet fees.

**This is to inform the Veterinary Clinic that I have contracted the services of South Paw Massage and Wellness to provide pet-care services while I am away. Should my pet(s) require medical attention while under the care of my pet-care provider, I authorize you to extend treatment. I will be responsible for the payment of your veterinary services within 14-days of treatment.**

This release does not expire and will remain valid for the entire pet(s) life.

Client Signature \_\_\_\_\_ Date \_\_\_\_\_

Printed Name \_\_\_\_\_

We require all animal visitors to be up-to-date on vaccines, fecal testing and on a monthly parasite/flea/tick preventative. Titer tests for vaccines will be accepted.

**PET INFORMATION** \*please complete this form for each pet\*

Name \_\_\_\_\_ Breed/Color \_\_\_\_\_ Date of Birth \_\_\_\_\_

MALE / FEMALE / SPAY / NEUTER      Age Spayed/Neutered \_\_\_\_\_      Age Acquired \_\_\_\_\_

Where Obtained \_\_\_\_\_

Is your pet allowed to have treats?    YES / NO / ONLY TREATS PROVIDED BY OWNER

Runs free in home?    SUPERVISED / UNSUPERVISED

Fenced in Yard at home?    YES / NO      Runs free in yard?    SUPERVISED / UNSUPERVISED

Prefers to play with    MALE / FEMALE / LARGE DOGS / SMALL DOGS / PREFERS TO BE ALONE / ALL DOGS

Crate Experience: \_\_\_\_\_

Do you prefer your pet be crated at bedtime/naptime?    YES / NO (if your pet is crated at home, we recommend crating here, they will be more comfortable)

List Current Medications and Supplements: \_\_\_\_\_

Brand of food: \_\_\_\_\_

ALLERGIES: \_\_\_\_\_

Please list any issues/concerns: Physical, Hip issues Prior Injuries and Surgeries, Diagnosis? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

List any other information that we should know about this pet \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

PLEASE TAKE A MOMENT TO REVIEW OUR FOLDER THAT INCLUDES OUR FAQ'S, VACCINATION REQUIREMENTS, POLICIES, AND INFORMATION ABOUT THE OTHER GREAT THINGS WE DO HERE!

**WELCOME TO OUR FUR-AMILY!**

## Evaluation Process Questionnaire

These questions do not determine a pass or fail for your dog. This allows us to get to know your dog better and how to keep him/her safe. Please write in answers to all questions on the front, and back of this sheet.

Dog's Name \_\_\_\_\_

1. What are your reasons/goals for daycare or boarding?
2. Does your dog have off-leash social history? Dog park, daycare or boarding? Where? How often?
3. Does your dog play with or have contact with other animals?
4. Does your dog have or have had any resource guarding/possessive behaviors when sharing toys, food, the couch, bedding or any object or person?
5. Has your dog ever growled or snapped at anyone taking food or objects away?
6. Has your dog ever shared food or water with other animals?
7. Does your dog have a prey drive: squirrels, rabbits or other small animals? Has he/she ever been successful in capture? Killed?
8. When your dog is upset, does he/she whine, bark or talk?
9. Does your dog chew on things or put things in his/her mouth that he/she shouldn't? If yes, when was last time? (Things we generally have to worry about here are acorns, pine cones and bedding.)
10. Is your dog able to jump a fence or gate? Does he/she tend to dig holes? Ever tried to dig out of a fenced area?
11. Does your dog tend to dart outdoors or run off if given the opportunity?
12. Is your dog fearful of people or certain types of dogs?
13. Does your dog scratch at the door when left alone?

14. Does your dog have separation anxiety?

15. Has your dog ever growled, bitten, nipped or injured a person or another animal? If yes, what type of person or animal? Please explain the situation.

16. Has your dog ever experienced any altercation whatsoever, even if your dog was the victim? Please explain situation.

17. What is your dog's reaction to strangers when they approach your home or yard?

18. What is your dog's reaction to strangers or dogs in public?

19. Is your pet used to getting daily walks? How far/long? (If yes, please check out our nature walk amenity!)

TRAINING HISTORY:

Does your dog know these basic commands? (Check if yes)

Sit                       Stay                       Come                       Leave It

What type of training has your dog had? (Check applicable)

No Training               Group Class Basic       Agility                       Trained Yourself  
 Private Training         Corrective Collar       Puppy Kindergarten     Other (Please list):

Any problems handling these areas of your dog's body? (Check if yes)

Tail                       Paws                       Ears                       Hindquarters

Does your dog like the following?

Nail trimming?  Yes  No              Being brushed?  Yes  No              Other: