



## PlaycareApplication

Name: \_\_\_\_\_ Pet

Name: \_\_\_\_\_

Contact Phone Today: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_

—

Spayed/Neutered: \_\_\_\_\_ Age: \_\_\_\_\_ Weight: \_\_\_\_\_

Breed: \_\_\_\_\_

History:

1. Brand/Type/Schedule of Feeding \_\_\_\_\_
2. Allowed to have treats?  
\_\_\_\_\_
3. Origin of pet/Length of ownership \_\_\_\_\_
4. Other Pets in home/age/gender \_\_\_\_\_
5. Other People/ages in home \_\_\_\_\_
6. Overall temperament \_\_\_\_\_
7. Go to dog parks?  
\_\_\_\_\_
8. Any specific dislikes?  
\_\_\_\_\_
9. Ever had an aggressive incident?  
\_\_\_\_\_
10. Ever escaped/jumped fence?  
\_\_\_\_\_



11. Regular Exercise? What type?

\_\_\_\_\_

12. Other behavior issues?

\_\_\_\_\_

13. Fears?

\_\_\_\_\_

14. Crate Trained?

\_\_\_\_\_

15. Housebroken?

\_\_\_\_\_

16. Favorite Toys/  
Activities

\_\_\_\_\_

17. Medical Issues?

\_\_\_\_\_

18. On any medications?

\_\_\_\_\_

19. On flea/tick preventative?

\_\_\_\_\_

20. Areas on body he/she does not like to be touched?

\_\_\_\_\_

21. Other concerns?

\_\_\_\_\_

I have read the policies and procedures of Upper Paw Urban Pet Resort. I release UPUPR from liability and I give Upper Paw Urban Pet Resort permission to medically treat my dog as necessary. I understand that I am responsible for all medical billing associated with such treatment. I also understand the risks of communal socialization and despite reasonable care, unpredictable dispositions of dogs can sometimes lead to injury. \_\_\_\_\_(initial)