

The Wizard of Paws Pet Salon & Daycare

New Daycare Client Form

(Please Print)

Client Information				
First Name:	Last Name:	Title: (please circle) Mr. Mrs. Miss Ms		
Street Address:		Apartment/Unit #:		
City:		State:	ZIP:	
Home Phone:	Mobile Phone:	Work Phone:		
E-mail Address:				
Emergency Contact Name:	Emergency Contact Mobile Phone:	Emergency Contact Work Phone:		
Dog Information				
Dog Name:	Birthday:	Breed:	Sex: Spayed/Neutered: <input type="checkbox"/>	
Veterinarian:	Vet Phone #:	Vaccine/test Due Dates: Distemper _____ Rabies _____ Bordetella _____ Fecal _____		
Known Allergies:	Known Medical Issues:			
Is Your Dog....				
Crate Trained:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Don't Know	
Known to Bite:	<input type="checkbox"/> No	<input type="checkbox"/> Yes (people)	<input type="checkbox"/> Yes (dogs)	<input type="checkbox"/> Don't Know
Have Fears or Phobias?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Don't Know	
Protective of Food/Toys:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Don't Know	
Plays Well with Others:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Don't Know	
Accepting of new people:	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
Housebroken:	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
Attended Daycare Before:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If Yes, where? _____	
What Best Describes your Dog's Personality?				
<input type="checkbox"/> shy <input type="checkbox"/> bold <input type="checkbox"/> laid back <input type="checkbox"/> playful <input type="checkbox"/> submissive <input type="checkbox"/> dominant				
What is your dog's manner's on leash? Check all that apply.				
<input type="checkbox"/> walks calmly <input type="checkbox"/> pulls <input type="checkbox"/> freezes <input type="checkbox"/> playful <input type="checkbox"/> escapee				
What obedience words does your dog know?				
What treats can your dog have?				

I, the undersigned, am the legal owner of the above-named dog and, to the best of my knowledge, everything I provided above is truthful and accurate. I authorize the above-named veterinarian to release all of the dog's medical records to The Wizard of Paws Pet Salon and Daycare and its staff.

Owner's Signature: _____ Date: _____