

Paws in Paradise

410 5th Avenue, Brooklyn, NY, 11215

Tel (718)768-1888 Fax: (718)768-3888 Email: answers@pawsinparadiseny.com

FOR OFFICE USE ONLY

Enrollment Form ___ Shots ___ Staff Screened ___ Computer Entry ___ First Day ___

Picture _____

Dog Size: X-Small Small Medium Large X-Large

Notes: _____

Service: Daycare Boarding Grooming Dog Walking Transportation

Doggy Information

Name: _____

Micro Chip # _____

Birth Date: _____ Age _____

Gender: Male Female

Breed: _____

Neutered Spayed

Color: _____

Weight _____

Contact Information

Parent Information

Name: _____

Address: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

E-mail: _____ FaxNo. _____

Can we notify you of any special events or sales? Yes No Best Way to notify you? E-Mail US- Mail

Emergency Contact

Name: _____ Phone _____

Name: _____ Phone _____

Veterinarian Information

Name: _____

Address: _____

Phone: _____ FaxNo. _____ E-Mail _____

Animal Hospital _____ Phone _____

Authorized Pick Up

Name: _____ Phone _____

Name: _____ Phone _____

**Authorized person assign to pick up dogs must have identification at time of pick-up.

Credit Card Information

Amex Visa MasterCard Discover

Name of Card Holder _____ Exp Date: _____

Credit Card # _____ Billing Zip Code _____ Security Code _____

How did you hear about us:

Referral _____ Internet _____ Other _____

Personality Profile:

Is your dog friendly with other animals? Yes No Or strangers? Yes No
Has your dog ever bitten or been bitten? Yes No, If yes please explain: _____

Are there other pets in the family? Yes No , If yes please explain: _____
Does your dog have any of these traits: Possessiveness Jealousy Separation Anxiety Excess Barking
Is your dog any of these? Digger Jumper Escape Artist
Has your dog ever received obedience training? Yes No If yes, when and what type of class? _____

We may crate your dog during feeding or nap time. Is your dog scared of being crated? Yes No
Does your dog have any anxiety of being in a car? Yes No
Is your dog paper trained? Yes No Goes Outside
Is your dog accustomed to vigorous physical activities? Yes No

Please tell us about your pet's favorite(s):

Toys: _____ Treats: _____
Games: _____ Comfort: _____
Is there anything else you would like to share: _____

Feeding – Day Care

First Feeding Food #1 _____ Amt(cup): _____
Second Feeding Food # 2 _____ Amt(cup): _____
Special Instructions: _____

Is your dog allowed treats: Yes No Allergies: _____
(Food that we provide: Nutro)
*Additional Feeding charge is \$2.00 maximum 2 cups.

Standard Medications/ Supplements:

Does your pet have any chronic medical conditions? If Yes, Please explain _____
Medication #1 _____ Dosage Amt: _____ Morning Afternoon Evening
Medication #2 _____ Dosage Amt: _____ Morning Afternoon Evening
Allergies: _____
Any other medical information: _____

Vaccinations: (Proof of vaccination by Veterinarian is required)

Rabies Vaccine _____ Distemper _____
 Adenovirus-2 _____ Parainfluenza _____
 Parvovirus _____ Bordatella _____

Grooming:

How often is your dog groomed? _____
Does your dog have any special needs or skin conditions? _____
How does your dog react to having his/her nail clipped? _____
Is your dog Kennel shy (scared of crates)? _____
Please provide any other information you would like to share with us: _____

Transportation Information (If you plan to use Dog Walking or Transportation Services)

Special instructions when we drop off your pet? _____ Key Information
 Turn on light Turn on AC/ Heat Doorman has keys Someone home
 Turn on Radio Turn on TV Paws in Paradise, NYC Other _____
Do you live in a Doorman Bldg: Yes No Building Phone # _____