



Paws-Abilities Doggie Daycare

1007 Industry Drive
Tukwila, WA 98188

(206) 575-3797

Today's Date _____

OWNER'S INFORMATION

Owner's Name _____ Additional Owner Name _____
 Mailing Address _____ City, State, Zip _____
 Home Phone _____ Work Phone _____
 Mobile Phone _____ Email Address _____
 Emergency Contact _____ Phone Number _____
 How did you hear about us? _____ Are you interested in our Home Obedience program? _____ YES _____ NO

DOG #1 INFORMATION

Dog's Name _____ Dog's Breed _____
 Birthdate (mm/dd/yyyy) _____ Gender _____ Male _____ Female _____
 Spayed/Neuterd YES _____ NO _____ YES _____ NO _____
 Has your dog attended doggie daycare before? YES _____ NO _____
 If Yes, where? _____
 Has your dog attended training classes at Paws-Abilities? YES _____ NO _____
 If Yes, Which classes? _____ Puppy Kindergarten _____ Basic _____ Beyond Basic _____ Advanced _____
 Have attended classes elsewhere? YES _____ NO _____
 If Yes, where? _____

DOG'S BEHAVIORAL INFORMATION

Does your dog have aggression issues towards adults? YES _____ NO _____
 Does your dog have aggression issues towards children? YES _____ NO _____
 Do you visit the dog parks? YES _____ NO _____
 Does your dog play nicely with other dogs? YES _____ NO _____
 Does your dog have issues towards dogs of specific breeds? YES _____ NO _____
 If Yes, please explain: _____
 Is your dog aggressively protective while playing with his favorite toy, eating or drinking? YES _____ NO _____
 Has your dog been in a fight or been attacked by another dog? YES _____ NO _____
 If Yes, please explain: _____
 Is your dog nervous or afraid of noises? YES _____ NO _____
 If yes, please explain: _____
 Is your dog nervous or afraid of specific items? YES _____ NO _____
 If yes, please explain: _____
 Has your dog ever climbed or jumped over a fence? YES _____ NO _____
 If yes, why and how high was the fence? _____
 My Dog (check all that apply): _____ Jumps Up _____ Barks _____ Is Shy _____ Runs Away
 _____ Stool Eater _____ House Soils _____ Digs _____ Escapes

MEDICAL INFORMATION

Does your dog have existing medical conditions? If yes, please explain: YES _____ NO _____
 Is your dog taking medications? If yes, please explain: YES _____ NO _____
 Has your dog been on any medication(s) over the last three months? YES _____ NO _____
 Does your dog have a problem with fleas? YES _____ NO _____
 Does your dog have any allergies? If yes, please explain: YES _____ NO _____
 Does your dog have any sensitive areas on his/her body? If yes, where? YES _____ NO _____
 Is your dog up to date on vaccinations? Please bring copy of shot records YES _____ NO _____

DOG #2 INFORMATION

Dog's Name _____			Dog's Breed _____		
Birthdate (mm/dd/yyyy)	_____		Gender	Male	Female
Spayed/Neuterd	YES	NO		YES	NO
Has your dog attended doggie daycare before?				YES	NO
If Yes, where? _____					
Has your dog attended training classes at Paws-Abilities?				YES	NO
If Yes, Which classes?		Puppy Kindergarten	Basic	Beyond Basic	Advanced
Have attended classes elsewhere?				YES	NO
If Yes, where? _____					

DOG'S BEHAVIORAL INFORMATION

Does your dog have aggression issues towards adults?	YES	NO		
Does your dog have aggression issues towards children?	YES	NO		
Do you visit the dog parks?	YES	NO		
Does your dog play nicely with other dogs?	YES	NO		
Does your dog have issues towards dogs of specific breeds?	YES	NO		
If Yes, please explain: _____				
Is your dog aggressively protective while playing with his favorite toy, eating or drinking?	YES	NO		
Has your dog been in a fight or been attacked by another dog?	YES	NO		
If Yes, please explain: _____				
Is your dog nervous or afraid of noises?	YES	NO		
If yes, please explain: _____				
Is your dog nervous or afraid of specific items?	YES	NO		
If yes, please explain: _____				
Has your dog ever climbed or jumped over a fence?	YES	NO		
If yes, why and how high was the fence? _____				
My Dog (check all that apply):	<input type="checkbox"/> Jumps Up	<input type="checkbox"/> Barks	<input type="checkbox"/> Is Shy	<input type="checkbox"/> Runs Away
	<input type="checkbox"/> Stool Eater	<input type="checkbox"/> House Soils	<input type="checkbox"/> Digs	<input type="checkbox"/> Escapes

MEDICAL INFORMATION

Does your dog have existing medical conditions? If yes, please explain:	YES	NO
Is your dog taking medications? If yes, please explain:	YES	NO
Has your dog been on any medication(s) over the last three months?	YES	NO
Does your dog have a problem with fleas?	YES	NO
Does your dog have any allergies? If yes, please explain:	YES	NO
Does your dog have any sensitive areas on his/her body? If yes, where?	YES	NO
Is your dog up to date on vaccinations? Please bring copy of shot records	YES	NO

Paws-Abilities Doggie Daycare Owner Agreement

I hereby certify that my dog(s), _____ (dog's name):

- Is in good health and have not been ill within the past 30 days.
- Has not injured or shown threatening behavior to either another dog or a human.

I, _____, understand and agree:

- That I am responsible for any harm caused by my dog's while attending Paws-Abilities Doggie Daycare.
- That Paws-Abilities, Inc. and their staff and volunteers will not be held liable for any problems which develop, provided reasonable and precautions are followed, and I hereby release them of any liability of any kind whatsoever arising from my dog's attendance and participation at the center.
- That Paws-Abilities, Inc. reserves the right at any time to remove my dog(s) from the play area at any time at the staff's discretion including, but not limited to exhaustion, aggression, injury, etc.
- That any problems which develop with my dog will be treated as deemed best by staff and volunteers of Paws-Abilities, Inc, at their sole discretion, and that I assume full financial responsibility for any and all expenses involved.
- That Paws-Abilities, Inc. reserves the right at any time to remove said dog from the daycare program.

FEES: Fees are based on the daily, weekly and monthly rate. Daily rates to be paid on day of service. Weekly and Monthly rates to be paid in advance.

RESERVATIONS: Reservations are required to guarantee your dog a spot on any particular day. Walk-Ins and last minute reservations are welcome on a first come, first serve basis.

CANCELLATIONS: Required 48 hours before reservation time or full fees will be charged or forfeited for any days missed.

HOURS OF OPERATION: Monday through Friday from 6:00AM to 6:00PM. A charge of \$1.00 per minute will be charged after 6:00PM. Maximum 15 minutes. Paws-Abilities, Inc. is not an overnight facility. Any dog still not picked up by 6:30PM will be transferred to the Academy of Canine Behavior Overnight Facility in Bothell and charged for transportation and boarding.

I certify that I have read and understand the policies and conditions set forth by Paws-Abilities, Inc.

Signature of Owner: _____

Date: _____

For Office Use Only:

This dog has passed the evaluation test:

YES

NO

Evaluator's Signature: _____

Start Date: _____