



Dog Intake Form

Parent(s) Name(s): _____

Dog(s) Name: _____

Does your dog have any existing or prior medical conditions? If so, please explain in detail.

Does your dog have any allergies?

Has your pet ever exhibited the following behaviors? *Please answer honestly to allow us to provide the best possible care for your pet during their stay.*

- Digging
- Jumping over fences
- Escaping or attempting to escape confined spaces, such as kennels, crates, fenced in areas, etc.
- Separation anxiety
- Constant barking
- Destruction of walls or furniture items
- Excessive chewing or destruction of toys
- Aggression towards strangers (“stranger danger”)
- Aggression or apprehension towards men
- Biting another animal
- Biting a human
- Resource guarding (protection of item, such as toy, human or food)
- Excited urination
- Other, explain: _____

If you answered yes to any of the above, please explain in detail:

Who is your current Veterinarian?

LOCAL Emergency Contact if we cannot reach you in the event of an emergency:

Name: _____

Relationship: _____

Phone Number: _____

Reservation Specialist _____



Dog Intake Form

_____ (Initial) I confirm the above information is accurate and complete. I understand that by receiving services from Bay Paws Pet Resort I am assuming all responsibility and liability for my pet during their stay. I understand that no amount of cleaning or sanitation can prevent all airborne viruses or intestinal parasites. Abrasions, lacerations, insect stings, and puncture wounds are possible and may occur during Boarding and/or Doggy Daycare. Bay Paws Pet Resort will not be held liable for injuries or illness, loss of life or loss of pet during Boarding and/or Doggy Daycare. Bay Paws Pet Resort reserves the right to dismiss any pet from Pet Boarding and/or Doggy Daycare for the safety of all pets and associates without notice.

_____ (Initial) Vaccination Confirmation: I have confirmed with my veterinarian, and provided copies of my pet's vaccination records, that my pet is vaccinated for Distemper Parvo, Bordetella, Rabies, Canine Influenza (H3N2 & H3N8), is current on flea prevention as well as heartworm prevention, and has had a negative fecal test in the last 6 months.

_____ (Initial) Pet Photo Release: I grant permission to Bay Paws Pet Resort, its legal representatives and assigns, and those acting with its permission, or its employees, the permission to take photographs of my pet and use them for any legal purpose, including but not limited to printed marketing materials and social media, without payment or any other consideration. I understand and agree that these materials will become company property and will not be returned. I hereby authorize the company to edit, alter, copy, exhibit, publish or distribute this photo for purposes of publicizing its programs or for any other lawful purpose.

_____ (Initial) Emergency Treatment Release: *(required by Blue Pearl for emergency treatment)* If in the unexpected event a serious and life-threatening injury occurs that requires immediate veterinary care, Bay Paws Pet Resort will obtain care at Blue Pearl Emergency Hospital, covering the initial \$200.00 of needed emergency care. I give consent to Bay Paws Pet Resort to make decisions regarding the health of my pet, including but not limited to sedation, essential medical care, suturing and euthanasia as recommended by attending DVM. I have authorized Bay Paws Pet Resort to make financial decisions up to \$_____ or unlimited amount without additional consent and understand I will be responsible for this payment to Blue Pearl.

Pet Parent(s) Name

Pet(s) Name

Signature

Date

Reservation Specialist _____