



## Playcare Application

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

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

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

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

DIRTY DOG SERVICES  
TODAY? \_\_\_\_\_

### History:

1. Brand/Type Schedule Feeding: \_\_\_\_\_
2. Allowed to have treats? \_\_\_\_\_
3. Origin of pet, length of ownership? \_\_\_\_\_
4. Other pets/age/gender: \_\_\_\_\_
5. Other people/ages in house: \_\_\_\_\_
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? \_\_\_\_\_
12. Other behavior issues? \_\_\_\_\_
13. Fears? \_\_\_\_\_
14. Crate trained/house broken? \_\_\_\_\_
15. Favorite toys/activities? \_\_\_\_\_
16. Medical issues? \_\_\_\_\_
17. On any medications? \_\_\_\_\_
18. On flea/tick medication? \_\_\_\_\_
19. Areas on body he/she does not like to be touched? \_\_\_\_\_
20. Other concerns? \_\_\_\_\_

Vaccine history: \_\_\_\_\_ Capstar: \_\_\_\_\_ Temperament Evaluation: \_\_\_\_\_

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 I am responsible for payment of all medical billing. I also understand risks of communal socialization and despite reasonable care, unpredictable personalities of dogs can sometimes lead to injury. \_\_\_\_\_