



balanced
paws

Daycare Client Information & Authorization Form

Owners Information:

We want to know about you!

Owner(s)' Name(s):

Address:

City:

Province:

Postal Code:

Who should we call first?:

Phone Number:

Alt. Number:

Who should we call next?:

Phone Number:

Alt. Number:

Email(s):

What is your preferred method of communication (for all NON EMERGENCY situations)?:

Email me @:

Text me at:

Call me at:

Emergency Contact: Who do we contact if we can't reach you in an emergency?

Name:

Phone:

Alt. Number:

Please list the names of any guardians you authorize to pick up your dog(s):

We want to get to know your pup(s)!			
Dog #1's Name:		Dog #2's Name:	
M/F:	Spayed/Neutered?	M/F:	Spayed/Neutered?
Breed:		Breed:	
Colour/Markings:		Colour/Markings:	
Average Weight: _____lbs	Birthday:	Average Weight: _____lbs	Birthday:
Rescue/Breeders' Name:		Rescue/Breeders' Name:	
Name of Veterinarian:			
Name of Clinic:			
Address:			
Closest Intersection:			
Phone:		Fax:	
Health:			
<p>In order to maintain a healthy and happy pack, we require all pups to be up to date on all applicable vaccinations, heartworm/flea/tick/parasite prevention and veterinary check ups. If you have any questions, concerns about our vaccination requirements, please contact us directly at the loft.</p> <p><i>I authorize my veterinarian to release all information regarding the status of vaccinations for my dog. The core vaccinations that are required by Balanced Paws Inc. are DHLPP and Rabies, plus the addition of Lepto and Bordetella where safe and applicable.</i></p> <p style="text-align: right;">_____ (initials)</p>			
DHPP (Distemper/Hepatitis/Parvovirus/ Parainfluenza) vaccine : (expiry date)			
Rabies (1 or 3 year) expiry date:			
Bordatella (kennel cough) expiry date:			
Titers date: (if applicable):			
Is your dog on a flea/heartworm/tick prevention program?:			
Name of flea treatment product:			
Last treatment date:			

General Information:

Does your dog(s) have any allergies?
If yes, please give us details:

Are there any medical/physical issues
that would limit movement or activity?
Please describe:

Does your dog have any sensitive
body areas? Please describe:

Meals:

We want to know if you have any feeding instructions, in case you ever need us to cover any meal times for you. (Please indicate a measured amount for each applicable feeding):

AM:

NOON:

PM:

Type/Name of Food:

Are there any specific food or treat restrictions we should be aware of?:

Are there any specific health issues we should be aware of?:

Behavioural Safety

Is your pup safe around children?

Yes?

No?

Is your pup safe around animals/other pets?

Yes?

No?

Is your pup crate trained?

Yes?

No?

Are there any peculiar habits or special
instructions we should be aware of?

Has your dog ever exhibited any level of
aggression around food or toys?

Has your dog ever exhibited any level of
aggression when head or collar is being reached
toward?

Does your dog ever exhibit protective or
“guarding” behaviour around yourself or other
family members?

Has your dog ever bitten anyone? (please give details):	
Has your dog ever bitten anotherer dog, or been part of a dog fight where puncture wounds have occurred?	
Are there any other habits that may be harmful to other animals or people?	

Daycare

Has your pup ever been in daycare?	Yes:	No:
How as your dog responded to those environments in the past?		
Does your dog have any tendencies to be an escape artist or a runner?		
Are there particular traits/type of persons that your dog tends to dislike/fear?		
What are your reasons for enrolling in our daycare program?		
How did you hear about us? Is there someone we can thank for referringg you our way?		
Training		
Does your pup chew inappropriate items? What is your release command?		
What does your dog do when you're not at home?		
Does your dog show any destructive behaviours when home alone? Please elaborate:		
Does your pet have separation anxiety issues? Please elaborate:		
Does your dog like to bark? (Please describe any known triggers)		
Is your dog house trained?		
Is there a specific command you use when taking him/her out to go potty?		
What commands does your dog know?		

What motivates your dog? (e.g. food, treats, toys, attention, etc)	
Walk	
Do you give your pup(s) permission to go on on-leash walks?	If yes, please initial: _____
How do you keep him/her under control?	
Does your dog exhibit heightened aggression on leash?	
<p>**PLEASE NOTE: To ensure the safety of all dogs during walks, Balanced Paws and its team may feel the need to utilize a different collar or leash if security of the one provided becomes a concern.** (Please initial that we have your permission): _____</p>	
<p>Please provide any further information you think would be helpful to us in creating a healthy, safe positive and success-filled environment for your pup!!:</p>	