



### Tell Us About Yourself

Name \_\_\_\_\_

Address \_\_\_\_\_ Apt \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Mobile Phone \_\_\_\_\_

Email \_\_\_\_\_

Who else is authorized to drop off/pick up the pet?  
\_\_\_\_\_

Instructions in case of emergency  
\_\_\_\_\_  
\_\_\_\_\_

How did you hear about CoPaw Cabana?  
\_\_\_\_\_

### Tell Us About Your Pet

Name \_\_\_\_\_ Breed \_\_\_\_\_ Date of Birth/Age \_\_\_\_\_

Sex: M F Spayed/Neutered: Y N If female unsprayed, date of last cycle \_\_\_\_\_

Weight: \_\_\_\_\_ Color \_\_\_\_\_

Has your dog been socialized with other dogs? Y/N

Is your dog aggressive with strangers? Y/N

Has your dog ever bitten or been bitten? Y/N

Has your dog used any daycare/boarding facility before? Y/N

Does your dog use public "dog parks"? Y/N

### Please Check What Applies To Your Pet

<b>Problems</b>	Dog Aggressive _____	People Aggressive _____	Jumps Up _____
	Chews _____	Digs _____	Barks _____
	Runs Away _____	Unruly _____	Escapes _____
	High Jumper _____	Shy _____	No obey _____
	Toy Possesive _____	People Possesive _____	House Soils _____
	Stool Eater _____	Separation Anxiety _____	Picky Eater _____

Is there anything else we need to know about your dog?  
\_\_\_\_\_  
\_\_\_\_\_



### Tell Us About Your Pet's Health

Veterinarian Dr. \_\_\_\_\_ at \_\_\_\_\_  
Clinic/hospital Address \_\_\_\_\_

Phone Number \_\_\_\_\_

Please describe your pet's general health. (include any current medical conditions)

Allergies (if any) \_\_\_\_\_

Current medications \_\_\_\_\_

Frequency and time administered \_\_\_\_\_

Date of last complete physical exam \_\_\_\_\_

Date of last fecal exam (for intestinal parasites) \_\_\_\_\_

### Vaccinations (Fax to us at 440-550-8877)

(Rabies-Date Admin \_\_\_\_\_/ Due \_\_\_\_\_) (DHLP-Date Admin \_\_\_\_\_/Due \_\_\_\_\_)

(Parvo-Date Admin \_\_\_\_\_/ Due \_\_\_\_\_) (Bordatella-Date Admin \_\_\_\_\_/Due \_\_\_\_\_)

### Please Tell Us About Your Pet's Daily Routine

Regular food brand: \_\_\_\_\_ Variety \_\_\_\_\_ Feed Times \_\_\_\_\_

Quantity \_\_\_\_\_ Instructions \_\_\_\_\_

Items brought for dog (food, bedding, toy, etc.) \_\_\_\_\_

I certify that I am the owner or the agent of the owner of the above-mentioned pet, and that I am authorized to board the pet and sign this form.

I authorize CoPaw Cabana, LLC to contact my veterinarian in order to confirm health, temperament and vaccinations.

I give consent to CoPaw Cabana, LLC to act on my behalf by obtaining veterinary care at my expense, should CoPaw Cabana, LLC deem it necessary.

I have read the schedule of fees and agree to pay all charges at checkout unless previously arranged.

I authorize CoPaw Cabana, LLC to charge my credit card account, if so provided, for any outstanding invoices.

I release CoPaw Cabana, LLC (and its agents and employees) from any liability or claim due to sickness, injury, or death of my dog unless CoPaw Cabana, LLC has been negligent in the care of my dog.

I understand that under no circumstances will CoPaw Cabana, LLC be liable for consequential damages or damages beyond the replacement value of my dog.

Signed \_\_\_\_\_ Date \_\_\_\_\_