



The Dog Wash & Grooming, INC.

46147 National Road
St. Clairsville, OH 43950
Phone: 740.296.5495

Web: TheDogWashandGrooming.com

Owner Name: _____

Street Address: _____ City: _____

State: _____ Zip: _____ Email: _____

Phone: _____ Cell: _____

Emergency Contact Information- Please tell us who you would prefer we contact in case of emergency

Name: _____ Phone: _____

Name: _____ Phone: _____

If anyone other than the owner has permission to pick up your pet, please list their names below.

Veterinarian Name: _____ Phone: _____

Street Address: _____ City: _____

State: _____ Zip: _____ Date of last Veterinarian visit: _____

Pet's Name(1): _____ Dog _____ Cat _____ Male _____ Female _____

Breed _____ Color _____ Markings _____

Age _____ Distinguishing physical characteristics _____

Spayed _____ Neutered _____ Allergies _____

Medications: (Please list the name of the medicine and what it is used to treat, along with dosage)

Date of last DHLPP (Distemper, etc.) inoculation: _____

Is your dog vaccinated for (Bordetella) Kennel Cough: Yes _____ No _____

Rabies expiration date: _____

Owner Name: _____

Pet's Name(2): _____ Dog _____ Cat _____ Male _____ Female _____

Breed _____ Color _____ Markings _____

Age _____ Distinguishing physical characteristics _____

Spayed _____ Neutered _____ Allergies _____

Medications: (Please list the name of the medicine and what it is used to treat, along with dosage)

Date of last DHLPP (Distemper, etc.) inoculation: _____

Is your dog vaccinated for (Bordetella) Kennel Cough: Yes _____ No _____

Rabies expiration date: _____

Pet's Name(3): _____ Dog _____ Cat _____ Male _____ Female _____

Breed _____ Color _____ Markings _____

Age _____ Distinguishing physical characteristics _____

Spayed _____ Neutered _____ Allergies _____

Medications: (Please list the name of the medicine and what it is used to treat, along with dosage)

Date of last DHLPP (Distemper, etc.) inoculation: _____

Is your dog vaccinated for (Bordetella) Kennel Cough: Yes _____ No _____

Rabies expiration date: _____

Does your Pet(s) have any physical or medical problems which require special attention?

Please describe in detail, including, surgeries, procedures, or injuries:

Owner Name: _____

Please complete the following information for each Pet so we can provide you and your Pet(s) the best boarding experience possible!

Pet's Name(1): _____

Has your Pet been boarded before? Yes _____ No _____
Is your Pet typically crated? Yes _____ No _____
Does your Pet experience anxiety/separation issues? Yes _____ No _____
Has your Pet ever escaped a fence (over or under)? Yes _____ No _____
Does Pet like to dig to escape? Yes _____ No _____
Is your Pet a "runner" or "wanderer"? Yes _____ No _____
Is your Pet a rescued Pet? Yes _____ No _____
If so, was your Pet previously abused? Yes _____ No _____ Not Sure _____

If so, please explain: _____

Is your Pet a destructive chewer? Yes _____ No _____

If so, is there anything you prefer your Pet to chew on to avoid injury? _____

How does your Pet get along with other Pets? (Please explain)

How does your Pet get along with people? (Please explain)

Has your Pet ever bitten and/or attacked another animal or person? If so, please describe the circumstances surrounding the event:

What else would you like us to know about your Pet? (for example, do they have a fear of thunderstorms, fireworks or loud noises?) Please list anything we should know in order to make their stay the most comfortable?

Please list some of your Pet's favorite activities: (Playing ball, Frisbee, Tug of War, Water play, Brushing, Massaging, and don't forget the Belly Rubs!)

Owner Name: _____

Please complete the following information for each Pet so we can provide you and your Pet(s) the best boarding experience possible!

Pet's Name(2): _____

Has your Pet been boarded before? Yes _____ No _____
Is your Pet typically crated? Yes _____ No _____
Does your Pet experience anxiety/separation issues? Yes _____ No _____
Has your Pet ever escaped a fence (over or under)? Yes _____ No _____
Does Pet like to dig to escape? Yes _____ No _____
Is your Pet a "runner" or "wanderer"? Yes _____ No _____
Is your Pet a rescued Pet? Yes _____ No _____
If so, was your Pet previously abused? Yes _____ No _____ Not Sure _____

If so, please explain: _____

Is your Pet a destructive chewer? Yes _____ No _____

If so, is there anything you prefer your Pet to chew on to avoid injury? _____

How does your Pet get along with other Pets? (Please explain)

How does your Pet get along with people? (Please explain)

Has your Pet ever bitten and/or attacked another animal or person? If so, please describe the circumstances surrounding the event:

What else would you like us to know about your Pet? (for example, do they have a fear of thunderstorms, fireworks or loud noises?) Please list anything we should know in order to make their stay the most comfortable?

Please list some of your Pet's favorite activities: (Playing ball, Frisbee, Tug of War, Water play, Brushing, Massaging, and don't forget the Belly Rubs!)

Owner Name: _____

Please complete the following information for each Pet so we can provide you and your Pet(s) the best boarding experience possible!

Pet's Name(3): _____

Has your Pet been boarded before? Yes _____ No _____
Is your Pet typically crated? Yes _____ No _____
Does your Pet experience anxiety/separation issues? Yes _____ No _____
Has your Pet ever escaped a fence (over or under)? Yes _____ No _____
Does Pet like to dig to escape? Yes _____ No _____
Is your Pet a "runner" or "wanderer"? Yes _____ No _____
Is your Pet a rescued Pet? Yes _____ No _____
If so, was your Pet previously abused? Yes _____ No _____ Not Sure _____

If so, please explain: _____

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If so, is there anything you prefer your Pet to chew on to avoid injury? _____

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Owner Name: _____

“Leash Laws”

- **All dogs must arrive and depart with a collar and leash**
- **Drop off and Pickups must be scheduled during DW&G office hours**
- **All vaccines must be up to date, and records must be given to DW&G upon check in**
- **Please label all items brought with your pet’s belongings**
- **Please have food individually separated for meals**
- **Please have medication sheet filled out upon arrival**
- **Please leave all dog beds, blankets, toys, bowls, and other items at home. We will provide comfortable cots and blankets, as well as toys to play with.**
- **We are not liable for any items you bring, and cannot guarantee they come home clean or intact**
- **All pets must be on a flea prevention program prior to staying at the DW&G**
- **Limited office hours on Thanksgiving, December 24, December 25, December 31, January 1, and Easter Sunday**
- **All dogs over 50 pounds will have a day board trial to ensure safety of the dog, staff, and other boarders**

These rules are to keep your best friend safe and to allow them to have a “dog-gone” good time!

Owner Name: _____

*Make sure all medication is clearly labeled with pets First and Last name

Pet's Name: _____

1) Name of Medication _____

Doseage: _____

How many times per day/time given: _____

How is it administered: _____

Prescribing Vet: _____

2) Name of Medication _____

Doseage: _____

How many times per day/time given: _____

How is it administered: _____

Prescribing Vet: _____

3) Name of Medication _____

Doseage: _____

How many times per day/time given: _____

How is it administered: _____

Prescribing Vet: _____

4) Name of Medication _____

Doseage: _____

How many times per day/time given: _____

How is it administered: _____

Prescribing Vet: _____