



Doggie Daycamp Off Leash Play Application

We love dogs and want your dog to love coming to our playgroup. No one knows your dog better than you, so we'd appreciate you taking the time to fill out this application. The more we know about the dogs in our care, the better our playgroups will be.

PET PARENT INFORMATION			
First Name:	Last Name:	Date:	
Street:	City:	State:	Zip Code:
Home Phone: ()	Cell Phone: () Is it ok to text this number? <input type="checkbox"/> Yes <input type="checkbox"/> No	Email:	
Emergency Contact:		Emergency Contact Phone No: ()	
In case of emergency does PetVet have your consent to use our veterinarians? <input type="checkbox"/> Yes <input type="checkbox"/> No			
How did you hear about PetVet? <input type="checkbox"/> Website <input type="checkbox"/> Facebook <input type="checkbox"/> Expo <input type="checkbox"/> Drive By <input type="checkbox"/> Island Dog Magazine <input type="checkbox"/> Yelp <input type="checkbox"/> Newspaper <input type="checkbox"/> Shopping Center Event <input type="checkbox"/> Mailer <input type="checkbox"/> Referral - Name:			
Other pets in household:			
Breed	Age	Sex	Spayed or Neutered
		<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Yes <input type="checkbox"/> No
PET MEDICAL HISTORY			
<i>(Please provide us with a copy of your pet's medical and vaccination history records for verification prior to coming in for the assessment. We can help you answer these questions with your records if you are unsure. These can be requested from your most recent Vet and sent to Customerservice@petvethawaii.com)</i>			
Pet's Name:		Breed:	
Weight:	Age:	Sterilized: <input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Spayed <input type="checkbox"/> Neutered	Microchipped: <input type="checkbox"/> Yes <input type="checkbox"/> No
Last Distemper/Parvo vaccine:		Last Leptospirosis vaccine:	
Last Bordetella vaccine:		Flea prevention: <input type="checkbox"/> Yes <input type="checkbox"/> No Product:	Last administered:
Tick Prevention: <input type="checkbox"/> Yes <input type="checkbox"/> No Product:	Last administered:	Heartworm Prevention: <input type="checkbox"/> Yes <input type="checkbox"/> No Product:	Last administered:
Last Fecal Test Date: Results:		Special Diet: <input type="checkbox"/> Yes <input type="checkbox"/> No Type:	
Has your pet been diagnosed with any medical conditions? (Please check all that apply):			<input type="checkbox"/> None
<input type="checkbox"/> Allergies	<input type="checkbox"/> Anxiety	<input type="checkbox"/> Bloat	<input type="checkbox"/> Cancer
<input type="checkbox"/> Chronic Diarrhea	<input type="checkbox"/> Ear Infection	<input type="checkbox"/> Heat Stroke	<input type="checkbox"/> Heart Condition
<input type="checkbox"/> Kidney Disease	<input type="checkbox"/> Liver Disease	<input type="checkbox"/> Physical Limitations	<input type="checkbox"/> Seizures
<input type="checkbox"/> Thyroid Disease	<input type="checkbox"/> Urinary Tract Infection	<input type="checkbox"/> Other:	
List any allergies (food, environmental, etc.):			
List any medications or supplements:			
Does your dog have any sensitive areas on his/her body? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, where?			
Does your dog have any physical disabilities? <input type="checkbox"/> Yes <input type="checkbox"/> No Please explain disability & cause: If answered yes, what restrictions need to be placed on your dog's activities or movements? <input type="checkbox"/> No jumping <input type="checkbox"/> No running <input type="checkbox"/> No hard play <input type="checkbox"/> No contact with other dogs <input type="checkbox"/> Other (please explain):			