



**PET PARADISE**  
RESORT & SPA

Pet Paradise Resort & Spa  
3229 S Bascom Ave STE C  
Campbell, CA 95008  
T: 408-819-3717  
petparadiseresortandspa.com

## DOG'S PROFILE FORM

### CLIENT INFORMATION:

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

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

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

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_

### Emergency Contact:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone Number: \_\_\_\_\_

### Please list those whom are authorized to pick up your dog:

1.) Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

2.) Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

### Veterinarian:

Clinic Name: \_\_\_\_\_ Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

How did you hear about us? \_\_\_\_\_

## PET GUEST INFORMATION

Dog's Name: \_\_\_\_\_ Breed: \_\_\_\_\_

Weight: \_\_\_\_\_ Color: \_\_\_\_\_ Age/Birthdate: \_\_\_\_\_

### Check where appropriate:

Male     Female     Spayed     Neutered     Unaltered

Has your dog ever attended a daycare or boarding facility in the past?  Yes  No

Has your dog ever been to a dog park?  Yes  No

Does your dog have a basic understanding of commands (sit, stay, down, etc.)?  Yes  No



## MEDICAL HISTORY

Is your dog currently taking any medications?  Yes  No

Medication: \_\_\_\_\_ Frequency: \_\_\_\_\_ Dosage: \_\_\_\_\_

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Has your dog been ill in the last 30 days?  Yes  No

Is your dog displaying any symptoms such as coughing, sneezing, or upset stomach?  Yes  No

Does your dog have any previous or current injuries, physical problems or health concerns, including allergies?  Yes  No If yes, please explain \_\_\_\_\_

Does your dog have any physical restrictions while playing, or sensitive area on the body?  Yes  No

If yes, please explain: \_\_\_\_\_

## VACCINATION RECORDS

**Please list the current expiration dates for the following vaccinations: (front desk may complete once they've received proof of current vaccinations). CIV (Canine Influenza Virus- required)**

Rabies \_\_\_\_\_ DHLPP \_\_\_\_\_ Bordetella \_\_\_\_\_ CIV \_\_\_\_\_

Is your dog currently on a flea preventative medication? (Required for all guests)  Yes  No

Name of brand used: \_\_\_\_\_ Date it was last given: \_\_\_\_/\_\_\_\_/\_\_\_\_

## PERSONALITY

**Please check all answers that describes your dog's personality:**

- Outgoing  Timid  Affectionate  Reserved  Protective  Feisty  Friendly  Obedient
- Aggressive  Independent  Playful  Confident  Submissive  Clingy  Gentle

**Please check all answers that describe your dog's attributes:**

- Biter  Climbs fences  Howls  Active chewer  Barks excessively  Likes to herd  Low activity level  Toy aggressive  Food/treat aggressive  Separation anxiety  Excessive marking
- Excessive mounting  Coprophagia (Eats feces)  Other: \_\_\_\_\_



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Has your dog ever bitten a person or another dog?  Yes  No

If yes, please explain: \_\_\_\_\_

**Please check all that apply when describing situations where your dog may become unfriendly:**

- Grabbing collar  Being removed from furniture  Meeting strangers  Meeting other dogs
- Being hugged  Being brushed  Being touched while sleeping  Being touched on the ears
- Being touched on the paws  Being touched on the mouth  Being touched on the tail  Being touched on the lower back  Around women  Around men  Around children
- Other: \_\_\_\_\_

**Has your dog displayed any of the following reactions? (Please check all that apply):**

- Will bite  May bite  Growls  Snaps  Shows teeth  Trembles  freezes  Moves away

Your dog plays best with:  No Dogs  Big Dogs  Little Dogs  Older Dogs  Puppies

## FEEDING

Food Brand: \_\_\_\_\_ Frequency: \_\_\_\_\_ Amount: \_\_\_\_\_

Snack: \_\_\_\_\_

## SERVICES INTERESTED IN

- Daycare  Boarding  Grooming  Training

**I, the undersigned, hereby acknowledge and agree that all the information in this application is complete and accurate to the best of my knowledge. I further attest that if I am not the sole owner or representative of the dog subject to this application that my signature is sufficient to enter into this application for and on behalf of any other owner or representative.**

Signature of Owner: \_\_\_\_\_ Date: \_\_\_\_\_



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## POLICES

### **Reservations & Payment:**

All reservations must be made in advance as space is limited. Boarding reservations require a \$60 deposit. We require 48 hours advance notice of cancellation to receive a deposit refund. Deposits for any holiday reservations are non-refundable. Payment for Daycare or Boarding services are due upon check-in. Late pick up fees apply. We are unable to make any payment agreements. Visa, MasterCard, Check, and Cash are all accepted.

### **Check in/out:**

Dogs may be checked in or out any time during business hours (Mon-Fri 7am-7pm & Sat 9am-5pm). Dogs unexpectedly staying the night with us will be charged for overnight care in addition to daycare for that day. All dogs are required to be on leash at all times while on the premises. All dogs must be wearing a flat collar at check in. Our clients safety is our #1 priority therefore we require proof of vaccination before check in. Failure to provide proper vaccination history will result in cancellation of your reservation without a refund of deposit. DHPP, Bordetella, Canine Flu and Rabies are all required to be current.

### **Daycare:**

Only dogs 4 months and older can participate in daycare. Dogs 6 months or older must be spayed or neutered. All dogs must pass social evaluation before participating in our services. All dogs must have a temperament that allows staff to properly care for them and keep all our clients safe and healthy. We reserve the right to refuse service to any dog for any reason. We are unable to accept any dog that is ill, has a history of being ill within the last 30 days, or has received any recent surgical procedures. If your dog is removed from daycare for any reason you are still required to pay for that day's services. Dogs will be assigned to certain play areas depending on size and energy level.

### **Overnight Care:**

All dogs must pass social evaluation before participating in our services. Check in 12pm to 3pm and check out by 12pm, unless other arrangements are made. We provide bedding for all guests. You are required to bring your own food or purchase a meal plan. You can bring individual meals in bags or one large airtight container. Please bring extra food just in case. All medication must be in original containers and clearly marked with specific instructions. We are able to administer medication orally, topically, or by injection. Medication fees apply for overnight injections. We provide custom sleeping arrangements. Dogs are housed overnight depending on comfort. We have large rooms, pens and oversized crates. Any pets not picked up 14 days after scheduled check out may be considered abandoned according to California State law.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Name (Print): \_\_\_\_\_



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## WAIVER AND RELEASE OF LIABILITY

THIS AGREEMENT is entered into by and between Pet Paradise Resort & Spa Inc. (the “Daycare”) and \_\_\_\_\_ (“Owner”):

Pet Paradise Resort & Spa provides quality, personalized care for your furry family member. We provide daycare and boarding with our indoor/outdoor play areas, leash walks, and adequate rest rotations. We also provide a variety of grooming services and positive reinforcement training. To insure the safety of your pet and our others guest, we require all clients to comply with the following terms:

**TERMS:**

1. **KNOWN RISKS/CONDITIONS.** Owner must disclose to Pet Paradise Resort & Spa all known risks, aggression, previous injuries, and rabies.
2. **INHERENT RISKS.** Owner understands and agrees that during normal dog play/exercise, Owner’s dog may sustain injuries. All dogs are monitored by Daycare to avoid injury, but scratches, punctures, torn ligaments, and other injuries may occur despite the best supervision.
3. **DAYCARE LIABILITY.** Owner understands and agrees that neither Daycare nor any of its employees, staff, or agents, will be liable for any illness, injury, death, and /or escape of Owner’s Dog(s) provided that reasonable care and precautions are followed, and Owner hereby releases all of them of any liability of any kind whatsoever arising from or as a result of Owner’s dog(s) attending or participating at Daycare. Owner further understands and agrees that any behavioral or physical health problems that develop with Owners dog(s) while at Daycare will be handled and treated as deemed best by the employees, staff, and volunteers of Daycare, in their sole discretion, and Owner expressly agrees to assume full financial responsibility for any and all expenses arising or relating thereto. This includes aggressive or destructive behavior.
4. **REFUSAL OF SERVICE.** I understand that Pet Paradise Resort & Spa may refuse service to my dog for any reason it deems necessary, including but not limited to, overly aggressive behavior overly excessive barking, and illness.

Owner has read and understands this Wavier and Release of Liability and the terms and conditions set forth above.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Name (Print): \_\_\_\_\_