



3712 Commerce Dr.  
Copley, OH 44321  
330-812-8421  
info@happypawscopley.com

### **CLIENT PROFILE INFORMATION**

Owner's Name (If married please list Spouse) \_\_\_\_\_

Address \_\_\_\_\_

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

Phone \_\_\_\_\_ Spouse Phone (If applicable) \_\_\_\_\_

Email \_\_\_\_\_

### **EMERGENCY CONTACT(S)**

Name \_\_\_\_\_ Number \_\_\_\_\_ Relationship \_\_\_\_\_

Others authorized to pick up my pet(s) \_\_\_\_\_

**Veterinary Clinic of Record** \_\_\_\_\_

### **PET PROFILE**

Pet's Name \_\_\_\_\_ Primary Breed \_\_\_\_\_

Pet's Color \_\_\_\_\_ Approx. Weight \_\_\_\_\_

Sex \_\_\_\_\_ Male Neutered? Y / N \_\_\_\_\_ Female Spayed? Y / N

Birthdate \_\_\_\_\_ How long have you had this pet? \_\_\_\_\_

Has this pet ever been boarded before? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, please describe your pets experience: \_\_\_\_\_

Does your pet eat bedding or furniture: \_\_\_\_\_ Yes \_\_\_\_\_ No

Has this pet ever attended a Day Camp before: \_\_\_\_\_ Yes \_\_\_\_\_ No

**Would you like your pet to attend our:** \_\_\_\_\_ Small Dog Day Camp (Dogs under approx. 50lbs.)  
\_\_\_\_\_ Standard Day Camp (Dogs over approx. 50 bls.)

***If you would like your dog/s to attend daycare, you must check one of the day camps above. **If not checked, you dog will not be able to participate.*****

**MEDICAL INFORMATION**

Does your pet have any old or current injuries/health concerns that require special attention?  
\_\_\_\_ Yes \_\_\_\_ No If yes, please explain: \_\_\_\_\_

Is your pet on regular flea/tick preventative? \_\_\_\_ Yes \_\_\_\_ No

Is your pet taking any medications? \_\_\_\_ Yes \_\_\_\_ No

Medical Instructions: If yes, please name the medication(s), reason(s), frequency and dosage:  
\_\_\_\_\_  
\_\_\_\_\_

Is your pet Allergic to any medications, food, or treats? \_\_\_\_ Yes \_\_\_\_ No

If Yes, please list: \_\_\_\_\_  
\_\_\_\_\_

**Please mark all that apply-** Notify me if my pet is injured:  
\_\_\_\_ (Minor i.e., scratched, bit) \_\_\_\_ (Major – Veterinarian must be contacted)

**Initial if you do not want us to notify you until you arrive to pick up** \_\_\_\_\_

**FEEDING INSTRUCTIONS:**

Morning Feed (8:00 AM) \_\_\_\_\_ cups of dry mixed with \_\_\_\_\_ can

Evening Feed (5:00 PM) \_\_\_\_\_ cups of dry mixed with \_\_\_\_\_ can

For multiple dogs sharing the same suite: Separate to feed? \_\_\_\_ Yes \_\_\_\_ No

In the event your pet decides to be a finicky eater, it is okay to use some enticement measures (chicken broth/ wet food/treats, etc..) at no charge: \_\_\_\_ Yes \_\_\_\_ No

Please add any additional information you would like us to know regarding your pet:  
\_\_\_\_\_  
\_\_\_\_\_

**The Client Profile should be returned to Happy Paws along with record of vaccination for all pets entering the facility.** This record of vaccination should include Rabies, Distemper (DHLPP), and Bordetella (Kennel Cough). Records can also be sent by email or fax.

\_\_\_\_\_  
**Owner Signature / Date**