



PAWS CHATEAU

🐾 A Luxury Resort for Your Dog 🐾

OWNER / GUEST PROFILE

OWNER INFORMATION:

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Cell Number: _____ Home Number: _____

Email: _____ (Print Clearly/Required
for E-mail Reservation Confirmation)

EMERGENCY CONTACT

Name: _____

Phone: _____

GUEST INFORMATION:

Dog's Name: _____ Breed: _____ Neutered ___ Spayed ___

Color: _____

My dog is from: Breeder ___ Store ___ Rescue ___ Stray ___ Other _____

GUEST DIET:

___ I will provide my own food. Name of food: _____

___ My dog will eat the In-house cuisine, Science Diet SD (Sensitive Stomach)

Feeding Time: Morning ___ Afternoon ___ Evening ___ Anytime _____

MEDICAL INFORMATION:

Does your dog have allergies? Yes _____ No _____

If yes, please explain: _____

Does your dog have any old or current injuries or health concerns? Yes _____ No _____

If yes, please explain: _____

Is your dog taking any medication(s)? Yes _____ No _____

Please list medication(s) and reason: _____

Are there restrictions on your dog's movements? Yes _____ No _____

If yes, please explain: _____

Does your dog suffer from: (Please check all that apply)

Diabetes _____ Heart Disease _____ Seizures _____ Arthritis _____

When was your dog given his / her latest flea prevention? Date: _____

GUEST BEHAVIOR

Has your dog boarded before? Yes _____ No _____

If yes, please describe experience: _____

Has your dog had obedience training? Yes _____ No _____

In-home _____ Group class _____ Private Training _____

Is your dog house trained? Yes _____ No _____

Has your dog ever bitten a person? Yes _____ No _____

If yes, please explain: _____

Has your dog ever bitten another dog? Yes _____ No _____

If yes, please explain: _____

Is your dog crate trained? Yes _____ No _____

Check all that describe your dog's personality:

Outgoing _____ Verbally Sensitive _____ Pushy _____ Reserved _____ Aggressive _____
Playful _____ Affectionate _____ Mouthy _____ Excitable _____ Afraid of Men _____
Fence Jumper _____ Protective _____ Chewer _____

Describe your dog's activity level: Low _____ Medium _____ High _____

Describe situations where your dog may become unfriendly: (Check all that apply)

Grabbing Collar _____ Petting _____ Touching Paws _____ Touching Ears _____
Touching Tail _____ Around other dogs _____ Touching while asleep _____
Other: _____

Check all answers that apply if your dog has unfriendly behavior:

Will bite _____ May bite _____ Growls _____ Snaps _____ Freezes _____
Trembles _____ Backs away _____

Does your dog engage in any unusual repetitive behaviors? Yes _____ No _____

If yes, please explain: _____

Can your dog have treats? Yes _____ No _____

**Do we have your permission to post pictures / videos of your dog on the Paws
Chateau website and other Social Media outlets?** Yes _____ No _____

Any additional information you would like to share about your dog?
