



REGISTRATION FOR DOGS

**Cancellation Policy**

For your pets' safety, proof of vaccinations and a negative fecal sample need to be sent to Animal Wellness Center at least 72 hours prior to a daycare or boarding stay. If we do not have records, AWC has the right to CANCEL the reservation. Vaccinations should also be completed at least 72 hours prior to their daycare or boarding stay to ensure they are fully protected.

**CLIENT INFORMATION - General**

Owners Name (Last): \_\_\_\_\_ (First) \_\_\_\_\_  
 Street Address: \_\_\_\_\_  
 City, State & Zip: \_\_\_\_\_  
 Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
 Cell Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

*Email is for clinic contact only - We will not sell or share your email address with outside sources.*

2nd Contact Name: \_\_\_\_\_ 2nd Contact Work Phone: \_\_\_\_\_  
 2nd Contact Cell Phone #: \_\_\_\_\_ 2nd Contact E-mail: \_\_\_\_\_

Who may we thank for referring you? \_\_\_\_\_

If you were not referred by someone, how did you first choose this facility?

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> AWC Web Site                   | <input type="checkbox"/> Community Press Papers      | <input type="checkbox"/> Humane Society    |
| <input type="checkbox"/> Maple Grove Days Parade / Expo | <input type="checkbox"/> Maple Grove Residence Guide | <input type="checkbox"/> Embarq Phone Book |
| <input type="checkbox"/> Sign / Location                | <input type="checkbox"/> Internet Search             | <input type="checkbox"/> PetCo             |
| <input type="checkbox"/> Qwest Phone Book YP / WP       | <input type="checkbox"/> Pet Expo                    | <input type="checkbox"/> Other _____       |

**CLIENT INFORMATION - If you will be out of town**

While away I can be reached: \_\_\_\_\_

If I cannot be reached please contact: \_\_\_\_\_  
 \_\_\_\_\_

Additional information I would like to share about my trip \_\_\_\_\_

**Welcome to the Resort and Spa!**

My dog has completed their trial day prior to boarding stay.

My dog will be attending AWC Resort & Spa: From \_\_\_\_\_ To \_\_\_\_\_

Drop off and pick up times are: \_\_\_\_\_

Monday-Sunday: 7:00 am – 6:30 pm (no charge for last day if picked up before 2:00 pm)

Comments \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

# CANINE PATIENT INFORMATION

## General

Pet's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Breed: \_\_\_\_\_ Spayed \_\_\_\_\_ Neutered \_\_\_\_\_

NOTE: If your pet is not spayed or neutered and is over 6 months old, a pink or blue collar will be placed on your pet to identify them as intact.

Color/Markings: \_\_\_\_\_

Do you wish to receive reminders from our Veterinary Clinic when requirements are coming due? Yes No

## Medical

My Veterinary Clinic: \_\_\_\_\_ Location: \_\_\_\_\_

Phone: \_\_\_\_\_

Please send a copy of previous vaccination record at least 72 hours prior to stay and please list the date of last canine vaccination(s) for: (NOTE: Please let us know if you would like us to call your veterinary clinic for the records)

Rabies \_\_\_\_\_ Distemper/Hep/Parvo \_\_\_\_\_

Bordetella \_\_\_\_\_ Other \_\_\_\_\_

Last Flea/Tick Application \_\_\_\_\_ Fecal Analysis \_\_\_\_\_

Is your animal currently receiving any medication? If so, what kind? \_\_\_\_\_

Dosage and Time \_\_\_\_\_

Last dose was given \_\_\_\_\_

Does your animal have any drug or food allergies? If so, to what? \_\_\_\_\_

Has your pet travelled outside MN in the last 30 days?  Yes  No If so, when and where? \_\_\_\_\_

Has your animal ever had:

Fainting spells

Hair loss

Arthritis

Seizures

Skin problems

Diarrhea or vomiting

Shortness of breath

Ear infections

Runny eyes

Coughing spells

Urinary Problems

Other \_\_\_\_\_

Please explain: \_\_\_\_\_

Current medical conditions: \_\_\_\_\_

Appetite: Normal Voracious Picky

Stools: Normal Firm Soft/diarrhea

Urine: Normal Frequent Infrequent Large Volume

Comments: \_\_\_\_\_

DO YOU HAVE ANY SPECIFIC REQUESTS OR ADDITIONAL HEALTH INFORMATION? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## Food Requirements

What type of food does your animal currently receive? \_\_\_\_\_

Amount: \_\_\_\_\_ Frequency: \_\_\_\_\_

\* Please have your pet's food separated into individual servings.

My pet was fed last \_\_\_\_\_

## Treat Policy

AWC uses treats on a regular basis during play groups. Choose the box appropriate for your dog.

Yes, my dog can have treats provided by AWC

No, my dog cannot have treats provided by AWC. If you check no, AWC will place a yellow collar on your pet to inform staff they cannot have treats/food outside of what is provided by you.

## Behavior

My activities are: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

My dog plays best with:  All dogs

No dogs

Small dogs

Large dogs

Unsure

Puppies

Calm dogs

Energetic dogs

Comments \_\_\_\_\_

My dog plays well with dogs when toys are around: Yes No \_\_\_\_\_

Comments \_\_\_\_\_

Please describe your dog's confinement experience: \_\_\_\_\_

\_\_\_\_\_

My dog does the following:

Jump on people

Chew bedding

Run fence line

Guard toys

Climb fences

Bark intensely

Play biting

Guard kennel

Dig

Chew objects

Guard food

Comments \_\_\_\_\_

My dog is anxious or fearful of:

Strangers

Loud noises

Small spaces

Thunderstorms

Dogs

Water

New places

Fast movements

Comments \_\_\_\_\_

My dog has growled or snapped at a human: Yes No Comments \_\_\_\_\_

\_\_\_\_\_

My dog has growled or snapped at another dog: Yes No Comments \_\_\_\_\_

\_\_\_\_\_

**Additional Comfort Amenities**

While staying at the Animal Wellness Center Resort & Spa I would like my pet to receive the following amenities at an additional cost.

- Partial Pedicure (Nail Trim)
- Individual Attention w/Resort Attendant – 30 minutes
- Nail Painting (for pets with short fur or trimmed feet only) – Appointment Needed
- Behavior Training Session – 20 minutes – Appointment Needed
- Full Pedicure (Trim & Painting) – Appointment Needed
- Beef/Chicken Freeze Pops
- Resort Bath w/Stay Less Than Seven Days
- Holiday Meal
- Professional Groom – Appointment Needed
- Kong Toy Filled With PB, Frozen I/D Can Food or Frozen Hypoallergenic Can Food
- Nature Walks – 20 minutes

Initial For Permission: \_\_\_\_\_

Please Describe: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

While staying at the Animal Wellness Center Resort & Spa I would like my pet to stay in:

- Nautical Suite
- Hollywood Suite
- World Traveler Suite
- European Suite
- Princess Suite (For small dogs only)
- Any Suite

While staying at the Animal Wellness Center Resort & Spa I would like my pet to have:

- No bedding
- Cot Only
- Princess bed (For Princess Suite only)
- Cozy fleece blanket w/ cot
- Pillow bed w/ cot
- World Traveler Suite

Additional Comments \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_