Peaceful Paws Country Club LLC Intake Form

Owners Name(s):		
	_ Dog Name:	
Breed:		
Spayed/Neutered (Yes/No):		
participate in group play they must be spa	•	are over 6 months old. We must
also have proof/documentation of your dog		
Vet's Name/Clinic:		_Phone:
Please list the current expiration dates for	the following vaccina	ations:
Rabies:		
Distemper:		
Flea & Tick Preventative:		
*Vaccination documentation & medical rec	ords must be provide	ed for all dogs that are with
Peaceful Paws Country Club.		
Do you want your dog to participate in gro	oup play (with other d	ogs) Yes/No:
*If you want your dog to participate in grou	ıp play, they will be sı	ubjected to a temperament test.
Is your dog crate trained? Yes / No		
List any history of socialization/play with o	other dogs:	
List any known incidents of aggression:		
Feeding Instructions (amount of food, time	of day, etc.):	
Does your dog have any food allergies? If	yes, please explain:	
Medication Instructions (if any):		
Additional information you want us to know	v:	
Signature		Date
Peaceful Paws Co	untry Club	

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