

# Happy Paws Ranch

Boarding and Day care

## Contract

Please clearly print all information.

Owner's First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
Email Address: \_\_\_\_\_  
Local Emergency  
Contact: \_\_\_\_\_  
Veterinarian: \_\_\_\_\_

## About Your Dog

Dog's Name: \_\_\_\_\_ Breed: \_\_\_\_\_ Age: \_\_\_\_\_  
Sex:  Male  Female Color: \_\_\_\_\_  
Neutered/Spayed?  Yes  No  
Is your pet in good health?  Yes  No  
If NO, please give an explanation of any health problems your pet may have.

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

Is your pet current on all vaccinations, including Rabies, Distemper and Bordetella?  
 Yes  No

If YES, please list the due date of each vaccine and provide a copy of vaccination record from your veterinarian:

Rabies: \_\_\_\_\_  
Distemper: \_\_\_\_\_  
Bordetella: \_\_\_\_\_

Brand of heartworm preventative your pet is on: \_\_\_\_\_  
Brand of flea and tick preventative your pet is on: \_\_\_\_\_

Is your dog on any other medications?  Yes  No

Does your dog have any allergies? Yes No

If YES, please list medication(s): \_\_\_\_\_

Is your dog taking any supplements or vitamins? Yes No

If yes, please list supplements/vitamins: \_\_\_\_\_

Does your dog interact well with other pets? Yes No

If NO, give an explanation of any relationship problems between your dog and other pets.

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**Please email completed forms to [happypawsranchtemple@yahoo.com](mailto:happypawsranchtemple@yahoo.com) or deliver in person.**