

A Place for Paws
165 Nulf Dr.
Columbiana, Ohio 44408
330-482-4596

Client Profile

1. Name _____
2. Dog's Name _____
3. Email _____
4. How many days a week will your dog (s) attend daycare? _____
5. What are the days that you prefer? _____
6. Can we send bills by: by email only snail mail
7. Daytime contacts in case of emergency, in order of preference.

	<u>Name</u>	<u>Phone Number</u>
(1)	_____	_____
(2)	_____	_____
(3)	_____	_____

8. People authorized to pick up your dog. If someone else will be picking up your dog, please let us know in the morning when you drop them off.

(1) _____
(2) _____
(3) _____

9. Vet's name and phone number _____

10. Does your dog have any known Allergies or take any medications, if so please list below.

I here by authorize A Place for Paws to seek medical attention for my dog(s) in case of an emergency.

X _____