



Desert Paws Staycation - Guest Form

Date:		Dog Gender: M / F M F		Spayed/Neutered: Y / N Y N	
Owner Name:			Email:		
Owner Phone #:			Alternate Phone #:		
Address:				# of Guests:	
Guest Name:		Breed:		Age:	
Guest Name:		Breed:		Age:	
Guest Name:		Breed:		Age:	
Check In Date:	Check In Time:	Check Out Date:	Check Out Time:		
Name of Food:		Amount Per Meal:	# of Meals/Day:		
How is your dog's appetite at home & when you leave?					
Special Notes / Instructions / Temperament:					
Veterinarian:			Vet Phone #:		
Vet Address:					
Medication:			Dosage:		
Medication:			Dosage:		

Would you like to receive text updates /pictures? Y / N	Is your pet(s) fully potty trained? Y / N
Does your dog know basic obedience (Come, Sit, Stay)?	
How is/are your pet(s) with other dogs?	
How is/ are your dog(s) with children?	
Referral / How did you hear about us:	